SERFF Tracking Number:	*BFLI-126469285*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*44915*
Company Tracking Number:	*AR B 21092 A*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Product*		
Project Name/Number:	*/*		

Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Medicare Supplement Product	SERFF Tr Num: BFLI-126469285	State: Arkansas
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010	SERFF Status: Closed-Approved-Closed	State Tr Num: 44915
Sub-TOI: MS08I.001 Plan A 2010	Co Tr Num: AR B 21092 A	State Status: Approved-Closed
Filing Type: Form/Rate		Reviewer(s): Stephanie Fowler
	Authors: Jill Jones, Bridgett Williams, Tina Cunningham, Lyn Ezell	Disposition Date: 03/23/2010
	Date Submitted: 02/19/2010	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date: 06/01/2010

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: submitted via SERFF
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 03/23/2010	Explanation for Other Group Market Type:
	State Status Changed: 03/23/2010
Deemer Date:	Created By: Jill Jones
Submitted By: Tina Cunningham	Corresponding Filing Tracking Number:

Filing Description:

This filing includes policy forms and rates for the June 2010 standardized plans A, F, High Deductible F, G and K, along with the required outline of coverage. Applications and a rider to accommodate a Household Premium Discount are also included. The forms and rates have been developed and designed to comply with the NAIC Model Regulation for Medicare Supplement products sold with an effective date on or after 06-01-2010, as well as any applicable state laws and regulations which add to or modify the requirements of the model regulation.

SERFF Tracking Number:	*BFLI-126469285*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*44915*
Company Tracking Number:	*AR B 21092 A*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Product*		
Project Name/Number:	*/*		

Solicitation of policy forms that were previously approved to comply with the 1990 product standards and any subsequent changes will be discontinued no later than 05-31-2010.

Plans A, F and High Deductible Plan F are issue age rated; plans G and K are attained age rated, with annual increases occurring on the first premium due date on or after the policy anniversary date. There are two underwriting classes - Preferred Non-tobacco and Standard.

These products will be solicited solely to persons eligible for Medicare by reason of age.

These are individual policy forms and solicitation will be done by personally producing licensed and contracted agents and brokers.

Bankers Fidelity has decided not to offer a conversion option for its existing policyholders from their current plan to the new standardized plans. Any requests from current policyholders for conversion from their current policy to a new standardized plan will be fully underwritten.

Company and Contact

Filing Contact Information

Tina Cunningham, Compliance Analyst L1	tcunningham@atlam.com	
4370 Peachtree Road NE	404-266-5723 [Phone]	
Atlanta, GA 30319	404-926-4092 [FAX]	

Filing Company Information

Bankers Fidelity Life Insurance Company	CoCode: 61239	State of Domicile: Georgia
4370 Peachtree Rd NE	Group Code: 587	Company Type: Life & Health
Atlanta, GA 30319	Group Name: 61239	State ID Number:
(404) 266-5600 ext. [Phone]	FEIN Number: 58-0658963	

Filing Fees

Fee Required?	Yes
Fee Amount:	$225.00
Retaliatory?	Yes
Fee Explanation:	5 policies @ $25.00 = $125.00

SERFF Tracking Number:	*BFLI-126469285*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*44915*
Company Tracking Number:	*AR B 21092 A*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Product*		
Project Name/Number:	*/*		

1 rider @ $25.00 = $25.00
1 OC @ $25.00 = $25.00
2 applications @ $25.00 = $50.00
5 rates @ $75.00 = $375.00
TOTAL=$600.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Fidelity Life Insurance Company	$600.00	02/19/2010	34318307

SERFF Tracking Number:	*BFLI-126469285*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*44915*
Company Tracking Number:	*AR B 21092 A*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Product*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	03/23/2010	03/23/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Stephanie Fowler	03/22/2010	03/22/2010	Jill Jones	03/23/2010	03/23/2010

SERFF Tracking Number:	*BFLI-126469285*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*44915*
Company Tracking Number:	*AR B 21092 A*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Product*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 03/23/2010
Implementation Date: 06/01/2010
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*BFLI-126469285*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*44915*
Company Tracking Number:	*AR B 21092 A*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Product*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Statement of Variability	Accepted for Informational Purposes	Yes
Supporting Document	Replacement Notice	Approved	Yes
Form *(revised)*	Medicare Supplement Policy - Plan A	Approved	Yes
Form	Medicare Supplement Policy - Plan A	Disapproved	Yes
Form *(revised)*	Medicare Supplement Policy - Plan F	Approved	Yes
Form	Medicare Supplement Policy - Plan F	Disapproved	Yes
Form *(revised)*	Medicare Supplement Policy - High Deductible Plan F	Approved	Yes
Form	Medicare Supplement Policy - High Deductible Plan F	Disapproved	Yes
Form *(revised)*	Medicare Supplement Policy - Plan G	Approved	Yes
Form	Medicare Supplement Policy - Plan G	Disapproved	Yes
Form *(revised)*	Medicare Supplement Policy - Plan K	Approved	Yes
Form	Medicare Supplement Policy - Plan K	Disapproved	Yes
Form	Optional Rider - Household Premium Discount	Approved	Yes
Form *(revised)*	Outline of Coverage	Approved	Yes
Form	Outline of Coverage	Disapproved	Yes
Form	Application - Preferred Underwriting Class	Approved	Yes
Form	Application - Standard Underwriting Class	Approved	Yes

SERFF Tracking Number:	*BFLI-126469285*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*44915*
Company Tracking Number:	*AR B 21092 A*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Product*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	03/22/2010
Submitted Date	03/22/2010
Respond By Date	04/22/2010

Dear Tina Cunningham,

This will acknowledge receipt of the captioned filing.

Objection 1

- Medicare Supplement Policy - Plan A, B 21092 A (Form)
- Medicare Supplement Policy - Plan F, B 21092 F (Form)
- Medicare Supplement Policy - High Deductible Plan F, B 21092 F2 (Form)
- Medicare Supplement Policy - Plan G, B 21092 G (Form)
- Medicare Supplement Policy - Plan K, B 21092 K (Form)

Comment: AR Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." With that being stated, please revise the "Premium Subject to Change on a Class Basis" (5th sentence).

Please feel free to contact me if you have questions.
Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/23/2010
Submitted Date	03/23/2010

Dear Stephanie Fowler,

Comments:
Thank you for your review of our Medicare Supplement filing.

Response 1

Comments: The Premium Subject to Change on a Class Basis provision has been revised to remove the references to age. We also updated the rate page on the Outline of Coverage; upon review we noticed it inadvertently referred to

attained age rates for Plans G and K.

Related Objection 1

Applies To:

- Medicare Supplement Policy - Plan A, B 21092 A (Form)
- Medicare Supplement Policy - Plan F, B 21092 F (Form)
- Medicare Supplement Policy - High Deductible Plan F, B 21092 F2 (Form)
- Medicare Supplement Policy - Plan G, B 21092 G (Form)
- Medicare Supplement Policy - Plan K, B 21092 K (Form)

Comment:

AR Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." With that being stated, please revise the "Premium Subject to Change on a Class Basis" (5th sentence).

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Medicare Supplement Policy - Plan A	B 21092 A		Policy/Contract/Fraternal Certificate	Initial		54.600	AR B 21092 A doe.pdf
Previous Version							
Medicare Supplement Policy - Plan A	*B 21092 A*		*Policy/Contract/Fraternal Certificate*	*Initial*		*54.600*	B 21092 A doe.pdf
Medicare Supplement Policy - Plan F	B 21092 F		Policy/Contract/Fraternal Certificate	Initial		54.600	AR B 21092 F doe.pdf
Previous Version							
Medicare Supplement Policy - Plan F	*B 21092 F*		*Policy/Contract/Fraternal Certificate*	*Initial*		*54.600*	B 21092 F doe.pdf
Medicare Supplement Policy - High Deductible	B 21092 F2		Policy/Contract/Fraternal Certificate	Initial		54.600	AR B 21092 F2

Plan F					doe.pdf
Previous Version					
Medicare Supplement Policy - High Deductible Plan F	*B 21092 F2*	*Policy/Contract/Fraternal Certificate*	*Initial*	*54.600*	B 21092 F2 doe.pdf
Medicare Supplement Policy - Plan G	B 21092 G	Policy/Contract/Fraternal Certificate	Initial	54.600	AR B 21092 G doe.pdf
Previous Version					
Medicare Supplement Policy - Plan G	*B 21092 G*	*Policy/Contract/Fraternal Certificate*	*Initial*	*54.600*	B 21092 G doe.pdf
Medicare Supplement Policy - Plan K	B 21092 K	Policy/Contract/Fraternal Certificate	Initial	54.600	AR B 21092 K doe.pdf
Previous Version					
Medicare Supplement Policy - Plan K	*B 21092 K*	*Policy/Contract/Fraternal Certificate*	*Initial*	*54.600*	B 21092 K doe.pdf
Outline of Coverage	B 21092 OC	Outline of Coverage	Initial	0.000	AR B 21092 OC 06-01-2010 v2.pdf
Previous Version					
Outline of Coverage	*B 21092 OC*	*Outline of Coverage*	*Initial*	*0.000*	AR B 21092 OC 06-01-2010.pdf

No Rate/Rule Schedule items changed.

We hope these revisions are satisfactory. If you should have any questions, or need any additional information, please do not hesitate to contact us.

Thank you.

SERFF Tracking Number:	*BFLI-126469285*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*44915*
Company Tracking Number:	*AR B 21092 A*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Product*		
Project Name/Number:	*/*		

Sincerely,

Bridgett Williams, Jill Jones, Lyn Ezell, Tina Cunningham

SERFF Tracking Number:	*BFLI-126469285*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*44915*
Company Tracking Number:	*AR B 21092 A*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Product*		
Project Name/Number:	*/*		

Form Schedule

Lead Form Number: B 21092 A

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 03/23/2010	B 21092 A	Policy/Contract/Fraternal Certificate	Medicare Supplement Policy - Plan A	Initial		54.600	AR B 21092 A doe.pdf
Approved 03/23/2010	B 21092 F	Policy/Contract/Fraternal Certificate	Medicare Supplement Policy - Plan F	Initial		54.600	AR B 21092 F doe.pdf
Approved 03/23/2010	B 21092 F2	Policy/Contract/Fraternal Certificate	Medicare Supplement Policy - High Deductible Plan F	Initial		54.600	AR B 21092 F2 doe.pdf
Approved 03/23/2010	B 21092 G	Policy/Contract/Fraternal Certificate	Medicare Supplement Policy - Plan G	Initial		54.600	AR B 21092 G doe.pdf
Approved 03/23/2010	B 21092 K	Policy/Contract/Fraternal Certificate	Medicare Supplement Policy - Plan K	Initial		54.600	AR B 21092 K doe.pdf
Approved 03/23/2010	B 21092 R1	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Optional Rider - Household Premium Discount	Initial		57.100	B 21092 R1 doe.pdf
Approved	B 21092	Outline of	Outline of Coverage	Initial		0.000	AR B 21092

SERFF Tracking Number:	*BFLI-126469285*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*44915*
Company Tracking Number:	*AR B 21092 A*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Product*		
Project Name/Number:	*/*		

03/23/2010	OC	Coverage				OC 06-01-2010 v2.pdf
Approved 03/23/2010	B 21092 PRF AP2010	Application/ Enrollment Form	Application - Preferred Underwriting Class	Initial	58.990	B 21092 PRF AP2010 doe.pdf
Approved 03/23/2010	B 21092 STND AP2010	Application/ Enrollment Form	Application - Standard Underwriting Class	Initial	61.030	B 21092 STND AP2010 doe.pdf

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN A

Bankers Fidelity Life Insurance Company (hereinafter referred to as "We", "Our", "Us" or the "Company) promises to insure You for the benefits described in this Policy. We make this promise in consideration of the application for this Policy and the payment of the premium.

GUARANTEED RENEWABLE - This Policy is guaranteed renewable for life. We guarantee to renew this Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We cannot cancel this Policy, except for non-payment of premium or as provided under the Time Limit on Certain Defenses provision shown on Page 6.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the premium rates if we change the rates for all policies with the same form number, issue state, geographical area and benefits as yours. A minimum of thirty (30) days advance written notice will be given. Your rate may also change if You move from one geographical area to another. A change will apply on the next premium due date after We notify You. We will not change Your rates because of a change in Your physical condition or on account of any claims paid under the Policy.

30-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY - It is important to Us that You are satisfied with this Policy and that it meets Your insurance needs. If You are not satisfied You may return it within thirty (30) days of receipt. Return it to Us or to Your agent and You will receive a full refund of any premiums You have paid. This Policy will then be void from its beginning.

READ YOUR POLICY CAREFULLY!

IMPORTANT NOTICE GIVEN PURSUANT TO LAW: Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company within ten (10) days if any information shown on it is not correct and complete or if any past medical history has been left out of the application. The application is part of this Policy, which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. No agent has the authority to change this Policy or waive any of its provisions.

"Notice to buyer: This policy may not fully cover all of your medical costs."

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.

President

INDEX

This policy is a legal contract between you and us.
READ YOUR POLICY CAREFULLY!

Additional benefits or restrictions, if any, follow Page 9.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P.O. Box 105185, Atlanta, Georgia 30348-5185

For inquiries or to make a complaint, please contact the Policyholder Service Department at:
Direct (404) 266-5730; Toll-free (866) 458-7500; email bfphs@atlam.com

POLICY SPECIFICATIONS PAGE
Medicare Supplement Insurance Policy - Plan A

Policy Form B 21092 A

Covered Person

Name:	Issue Age:	Sex:	Effective Date:
[JOHN D DOE]	[65]	[M]	[06-01-2010]

Premiums

Initial Premium: $[0,000.00]

Renewal Premium*:	Annual:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[0,000.00]	$[000.00]	$[000.00]	$[00.00]

*The Renewal Premium is subject to change as stated on the front of this Policy.

Policy Identification

Policy Number: 005-[2100600001]

Issue State: [ST]

Issue Zip Code: [123]

Optional Rider (if any): [HOUSEHOLD PREMIUM DISCOUNT]

THE POLICY SPECIFICATIONS PAGE IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

DEFINITIONS

When we use the following words this is what we mean:

BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

CALENDAR YEAR - a period of one (1) year which starts on January 1 and ends on December 31.

COINSURANCE AMOUNTS - the portion of Medicare-approved expense You are obligated to pay, excluding the Medicare deductibles.

CONFINED OR CONFINEMENT - assigned to a bed in a hospital on the advice of a physician. A charge for room and board must be made.

COVERED INJURY - accidental bodily injury sustained by the insured which is the direct result of an accident, independent of any disease, bodily infirmity or any other cause and occurs while this Policy is in force. Covered Injuries do not include injuries for which benefits are provided or are available under any workers' compensation, employer's liability or similar law, or motor vehicle no fault plan, unless prohibited by law.

COVERED SICKNESS - illness or disease of the insured which manifests itself after the effective date of the policy and while this Policy is in force. Covered Sicknesses do not include sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar law.

EFFECTIVE DATE - The original date Your coverage begins as shown on Page 3. It starts at 12:01 a.m., Standard Time, at your residence. It ends at 12:01 a.m., Standard Time, on the date any premium is due. Each renewal premium is due at the end of the term for which a premium has been paid.

HOSPITAL - shall have the same definition as provided in the Medicare program.

INSURED - the person for whom benefits are provided under this policy. This person is named on Page 3.

LIFETIME RESERVE CO PAYMENT AMOUNT - the fixed amount per day Medicare does not pay during the sixty (60) lifetime reserve days Medicare allows. It is set each year by Medicare.

MEDICARE - the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965 as Then Constituted or Later Amended.

MEDICARE BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

MEDICARE ELIGIBLE EXPENSES - expenses of the kinds covered by Medicare Part A and B, to the extent recognized as reasonable and medically necessary by Medicare.

POLICY ANNIVERSARY DATE – the day and month of each year coinciding with the date and month of the year in which Your Policy was issued.

DEFINITIONS, *continued*

PART A DEDUCTIBLE - the initial amount not covered by Medicare during the first sixty (60) days in a benefit period.

PART B DEDUCTIBLE - the initial amount not covered by Medicare for Part B eligible expenses in a Calendar Year.

PHYSICIAN - shall have the same definition as provided in the Medicare program.

POLICY and/or CONTRACT - the policy, any endorsement thereon, and a copy of your original application constitute the entire contract between you and us.

YOU, YOUR, OR YOURS - the person for whom benefits are provided under this policy. This person is named as the Insured on Page 3.

SUSPENSION OF BENEFITS AND PREMIUM

1. The benefits and premiums under the policy shall be suspended at the request of the policyholder for the period (not to exceed 24 months) in which the policyholder has applied for and is determined to be entitled to Medical Assistance under Title XIX of the Social Security Act (42 U.S.C.A. §§ 1396--1396u), but only if the policyholder notifies the issuer of the policy within 90 days after the date the individual becomes entitled to this assistance.
2. If a suspension occurs and if the policyholder loses entitlement to Medical Assistance, the policy shall be automatically reinstituted (effective as of the date of termination of the entitlement) as of the termination of the entitlement if the policyholder provides notice of loss of the entitlement within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of the entitlement.
3. The benefits and premiums under the policy shall be suspended at the request of the policyholder if the policyholder is entitled to benefits under section 226(b) of the Social Security Act (42 U.S.C.A. § 426(b)) and is covered under a group health plan (as defined in section 1862 (b)(1)(A)(v) of the Social Security Act (42 U.S.C.A. § 1395y(b)(1)(A)(v)). If suspension occurs and if the policyholder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.
4. Reinstitution of these coverages as described in clauses 2 and 3:
   A. May not provide for a waiting period with respect to treatment of preexisting conditions.
   B. Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of the suspension. If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstitution of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension.
   C. Shall provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder if the coverage had not been suspended.

GENERAL PROVISIONS

ENTIRE CONTRACT: CHANGES - This Policy, the applications and any endorsements or papers is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our executive officers. This approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions. Any rider, endorsement or application which modifies, limits or excludes coverage under this Policy must be accepted by You in writing to be effective (unless required by state or federal law). No statement shall be used in defense of a claim under the Policy unless it is contained in a written application that is endorsed upon or attached to the policy when issued or delivered. All statements made by the Insured shall, in the absence of fraud, be deemed representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES – (a) No misstatements made by You in the application for this Policy, attached hereto, shall be used to void this Policy or to deny a claim for loss or disability incurred after two (2) years from the Effective Date of this Policy; and (b) no claim for loss incurred commencing after the Effective Date of this Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of this Policy.

GRACE PERIOD - This Policy has a thirty-one (31)-day grace period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the grace period this Policy will stay in force. Your premium payment must be received in Our home office within the thirty-one (31)-day period. This thirty-one (31)-day Grace Period does not apply to the first premium payment. The first premium payment must be paid when your policy is delivered.

REINSTATEMENT - If the renewal premium is not paid before the grace period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for the reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approved date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval. The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIMS - Written notice of claim must be given within twenty (20) days after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at 4370 Peachtree Road NE, Atlanta, GA 30319, or to any one of Our authorized agents. The notice should include Your name and the number of the Policy.

CLAIM FORMS - When We receive notice of claim, We will send You forms for filing proof of loss, if these forms are not given to You within ten (10) days, You can meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS - Written proof of loss must be given to Us within ninety (90) days after We send You the claim forms. If it was not reasonably possible for You to give Us proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this policy will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIM - All benefits will be paid to you, or your assignee. Any benefits unpaid at your death may be paid to your estate. If benefits are payable to your estate, we may pay up to $1,000 to any relative of yours who we find is entitled to them. Any payment made in good faith will fully discharge us to the extent of the payment. We may pay all or a portion of any indemnities provided for health care services to the provider, unless you direct us otherwise in writing by the time proofs of loss are filed. We cannot require that the services be rendered by a particular provider.

PHYSICAL EXAMINATION AND AUTOPSY - We, at our own expense, have the right to have you examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

NOTICE; WAIVER - Furnishing forms for filing Proof Of Loss, receipt of Notice Of Claim or investigation of any claim shall not waive any of Our rights in defense of any such claim.

LEGAL ACTION - No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

EXTENSION OF BENEFITS - Termination of this policy shall be without prejudice to any continuous loss which commenced while this policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Any premium due and unpaid shall be deducted from the claim payment.

ADDITIONAL PROVISIONS

MISSTATEMENT OF AGE - If your age has been misstated, all amounts payable under this policy shall be such as the premium would have purchased at the correct age.

CONFORMITY WITH STATE STATUTES - Any provision of this policy which, on its effective date, is in conflict with the laws of the State in which it was delivered on that date is amended to conform to the minimum requirements of such laws.

UNPAID PREMIUM - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

PREMIUM PAYMENT - Renewal premiums are payable to us. The payment of any premium shall not continue this policy in force beyond the next premium due date, except as provided in the Grace Period provision.

PREMIUM REFUND AT DEATH - We will refund that part of any premium paid which covers a period beyond the date of Your death.

ASSIGNMENT - No Assignment of interest in this Policy will be binding on Us unless it is received by Us in Our home office. We are not responsible for the validity of any Assignment.

PARTICIPATION – This Policy is non-participating, it does not participate in Our profits or surplus earnings.

OTHER INSURANCE WITH US - You may have only one (1) Medicare Supplement policy with us. If, through an error, we issue more than one (1) policy, you may select which policy will remain in force. We will refund the money you paid on any other policy, minus any claims paid.

BENEFITS - PLAN A

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;
3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept the issuer's payment as payment in full and may not bill the Insured for any balance;
4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations; and
5. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible;
6. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

Benefits designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment or coinsurance amount.

THE POLICY PAGE 8 IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

THE BACK COVER OF THE POLICY IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN A

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN F

Bankers Fidelity Life Insurance Company (hereinafter referred to as "We", "Our", "Us" or the "Company) promises to insure You for the benefits described in this Policy. We make this promise in consideration of the application for this Policy and the payment of the premium.

GUARANTEED RENEWABLE - This Policy is guaranteed renewable for life. We guarantee to renew this Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We cannot cancel this Policy, except for non-payment of premium or as provided under the Time Limit on Certain Defenses provision shown on Page 6.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the premium rates if we change the rates for all policies with the same form number, issue state, geographical area and benefits as yours. A minimum of thirty (30) days advance written notice will be given. Your rate may also change if You move from one geographical area to another. A change will apply on the next premium due date after We notify You. We will not change Your rates because of a change in Your physical condition or on account of any claims paid under the Policy.

30-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY - It is important to Us that You are satisfied with this Policy and that it meets Your insurance needs. If You are not satisfied You may return it within thirty (30) days of receipt. Return it to Us or to Your agent and You will receive a full refund of any premiums You have paid. This Policy will then be void from its beginning.

READ YOUR POLICY CAREFULLY!

IMPORTANT NOTICE GIVEN PURSUANT TO LAW: Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company within ten (10) days if any information shown on it is not correct and complete or if any past medical history has been left out of the application. The application is part of this Policy, which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. No agent has the authority to change this Policy or waive any of its provisions.

"Notice to buyer: This policy may not fully cover all of your medical costs."

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.

President

INDEX

This policy is a legal contract between you and us.
READ YOUR POLICY CAREFULLY!

Additional benefits or restrictions, if any, follow Page 9.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P.O. Box 105185, Atlanta, Georgia 30348-5185

For inquiries or to make a complaint, please contact the Policyholder Service Department at:
Direct (404) 266-5730; Toll-free (866) 458-7500; email bfphs@atlam.com

POLICY SPECIFICATIONS PAGE
Medicare Supplement Insurance Policy – Plan F

Policy Form B 21092 F

Covered Person

Name:	Issue Age:	Sex:	Effective Date:
[JOHN D DOE]	[65]	[M]	[06-01-2010]

Premiums

Initial Premium: $[0,000.00]

Renewal Premium*:	Annual:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[0,000.00]	$[000.00]	$[000.00]	$[00.00]

*The Renewal Premium is subject to change as stated on the front of this Policy.

Policy Identification

Policy Number: 005-[2100600001]

Issue State: [ST]

Issue Zip Code: [123]

Optional Rider (if any): [HOUSEHOLD PREMIUM DISCOUNT]

THE POLICY SPECIFICATIONS PAGE IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

DEFINITIONS

When we use the following words this is what we mean:

BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

CALENDAR YEAR - a period of one (1) year which starts on January 1 and ends on December 31.

COINSURANCE AMOUNTS - the portion of Medicare-approved expense You are obligated to pay, excluding the Medicare deductibles.

CONFINED OR CONFINEMENT - assigned to a bed in a hospital on the advice of a physician. A charge for room and board must be made.

COVERED INJURY - accidental bodily injury sustained by the insured which is the direct result of an accident, independent of any disease, bodily infirmity or any other cause and occurs while this Policy is in force. Covered Injuries do not include injuries for which benefits are provided or are available under any workers' compensation, employer's liability or similar law, or motor vehicle no fault plan, unless prohibited by law.

COVERED SICKNESS - illness or disease of the insured which manifests itself after the effective date of the policy and while this Policy is in force. Covered Sicknesses do not include sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar law.

EFFECTIVE DATE - The original date Your coverage begins as shown on Page 3. It starts at 12:01 a.m., Standard Time, at your residence. It ends at 12:01 a.m., Standard Time, on the date any premium is due. Each renewal premium is due at the end of the term for which a premium has been paid.

HOSPITAL - shall have the same definition as provided in the Medicare program.

INSURED - the person for whom benefits are provided under this policy. This person is named on Page 3.

LIFETIME RESERVE CO PAYMENT AMOUNT - the fixed amount per day Medicare does not pay during the sixty (60) lifetime reserve days Medicare allows. It is set each year by Medicare.

MEDICARE - the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965 as Then Constituted or Later Amended.

MEDICARE BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

MEDICARE ELIGIBLE EXPENSES - expenses of the kinds covered by Medicare Part A and B, to the extent recognized as reasonable and medically necessary by Medicare.

POLICY ANNIVERSARY DATE – the day and month of each year coinciding with the date and month of the year in which Your Policy was issued.

DEFINITIONS, *continued*

PART A DEDUCTIBLE - the initial amount not covered by Medicare during the first sixty (60) days in a benefit period.

PART B DEDUCTIBLE - the initial amount not covered by Medicare for Part B eligible expenses in a Calendar Year.

PHYSICIAN - shall have the same definition as provided in the Medicare program.

POLICY and/or CONTRACT - the policy, any endorsement thereon, and a copy of your original application constitute the entire contract between you and us.

YOU, YOUR, OR YOURS - the person for whom benefits are provided under this policy. This person is named as the Insured on Page 3.

SUSPENSION OF BENEFITS AND PREMIUM

1. The benefits and premiums under the policy shall be suspended at the request of the policyholder for the period (not to exceed 24 months) in which the policyholder has applied for and is determined to be entitled to Medical Assistance under Title XIX of the Social Security Act (42 U.S.C.A. §§ 1396--1396u), but only if the policyholder notifies the issuer of the policy within 90 days after the date the individual becomes entitled to this assistance.
2. If a suspension occurs and if the policyholder loses entitlement to Medical Assistance, the policy shall be automatically reinstituted (effective as of the date of termination of the entitlement) as of the termination of the entitlement if the policyholder provides notice of loss of the entitlement within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of the entitlement.
3. The benefits and premiums under the policy shall be suspended at the request of the policyholder if the policyholder is entitled to benefits under section 226(b) of the Social Security Act (42 U.S.C.A. § 426(b)) and is covered under a group health plan (as defined in section 1862 (b)(1)(A)(v) of the Social Security Act (42 U.S.C.A. § 1395y(b)(1)(A)(v)). If suspension occurs and if the policyholder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.
4. Reinstitution of these coverages as described in clauses 2 and 3:
   A. May not provide for a waiting period with respect to treatment of preexisting conditions.
   B. Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of the suspension. If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstitution of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension.
   C. Shall provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder if the coverage had not been suspended.

GENERAL PROVISIONS

ENTIRE CONTRACT: CHANGES - This Policy, the applications and any endorsements or papers is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our executive officers. This approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions. Any rider, endorsement or application which modifies, limits or excludes coverage under this Policy must be accepted by You in writing to be effective (unless required by state or federal law). No statement shall be used in defense of a claim under the Policy unless it is contained in a written application that is endorsed upon or attached to the policy when issued or delivered. All statements made by the Insured shall, in the absence of fraud, be deemed representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES – (a) No misstatements made by You in the application for this Policy, attached hereto, shall be used to void this Policy or to deny a claim for loss or disability incurred after two (2) years from the Effective Date of this Policy; and (b) no claim for loss incurred commencing after the Effective Date of this Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of this Policy.

GRACE PERIOD - This Policy has a thirty-one (31)-day grace period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the grace period this Policy will stay in force. Your premium payment must be received in Our home office within the thirty-one (31)-day period. This thirty-one (31)-day Grace Period does not apply to the first premium payment. The first premium payment must be paid when your policy is delivered.

REINSTATEMENT - If the renewal premium is not paid before the grace period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for the reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approved date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval. The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIMS - Written notice of claim must be given within twenty (20) days after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at 4370 Peachtree Road NE, Atlanta, GA 30319, or to any one of Our authorized agents. The notice should include Your name and the number of the Policy.

CLAIM FORMS - When We receive notice of claim, We will send You forms for filing proof of loss, if these forms are not given to You within ten (10) days, You can meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS - Written proof of loss must be given to Us within ninety (90) days after We send You the claim forms. If it was not reasonably possible for You to give Us proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this policy will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIM - All benefits will be paid to you, or your assignee. Any benefits unpaid at your death may be paid to your estate. If benefits are payable to your estate, we may pay up to $1,000 to any relative of yours who we find is entitled to them. Any payment made in good faith will fully discharge us to the extent of the payment. We may pay all or a portion of any indemnities provided for health care services to the provider, unless you direct us otherwise in writing by the time proofs of loss are filed. We cannot require that the services be rendered by a particular provider.

PHYSICAL EXAMINATION AND AUTOPSY - We, at our own expense, have the right to have you examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

NOTICE; WAIVER - Furnishing forms for filing Proof Of Loss, receipt of Notice Of Claim or investigation of any claim shall not waive any of Our rights in defense of any such claim.

LEGAL ACTION - No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

EXTENSION OF BENEFITS - Termination of this policy shall be without prejudice to any continuous loss which commenced while this policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Any premium due and unpaid shall be deducted from the claim payment.

ADDITIONAL PROVISIONS

MISSTATEMENT OF AGE - If your age has been misstated, all amounts payable under this policy shall be such as the premium would have purchased at the correct age.

CONFORMITY WITH STATE STATUTES - Any provision of this policy which, on its effective date, is in conflict with the laws of the State in which it was delivered on that date is amended to conform to the minimum requirements of such laws.

UNPAID PREMIUM - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

PREMIUM PAYMENT - Renewal premiums are payable to us. The payment of any premium shall not continue this policy in force beyond the next premium due date, except as provided in the Grace Period provision.

PREMIUM REFUND AT DEATH - We will refund that part of any premium paid which covers a period beyond the date of Your death.

ASSIGNMENT - No Assignment of interest in this Policy will be binding on Us unless it is received by Us in Our home office. We are not responsible for the validity of any Assignment.

PARTICIPATION – This Policy is non-participating, it does not participate in Our profits or surplus earnings.

OTHER INSURANCE WITH US - You may have only one (1) Medicare Supplement policy with us. If, through an error, we issue more than one (1) policy, you may select which policy will remain in force. We will refund the money you paid on any other policy, minus any claims paid.

BENEFITS - PLAN F

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;
3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept the issuer's payment as payment in full and may not bill the Insured for any balance;
4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations; and
5. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible;
6. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses;
7. Coverage for one hundred percent (100%) of the Medicare Part A inpatient hospital deductible amount per benefit period;
8. Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A;
9. Coverage for one hundred percent (100%) of the Medicare Part B deductible amount per calendar year regardless of hospital confinement;
10. Coverage for all of the difference between the actual Medicare Part B charges as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge;
11. Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a calendar year deductible of $250 and a lifetime maximum benefit of $50,000. For purposes of the this benefit, “emergency care” shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

Benefits designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment or coinsurance amount.

THE POLICY PAGE 8 IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

THE BACK COVER OF THE POLICY IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN F

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY
PLAN F WITH HIGH DEDUCTIBLE

Bankers Fidelity Life Insurance Company (hereinafter referred to as "We", "Our", "Us" or the "Company) promises to insure You for the benefits described in this Policy. We make this promise in consideration of the application for this Policy and the payment of the premium.

GUARANTEED RENEWABLE - This Policy is guaranteed renewable for life. We guarantee to renew this Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We cannot cancel this Policy, except for non-payment of premium or as provided under the Time Limit on Certain Defenses provision shown on Page 6.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the premium rates if we change the rates for all policies with the same form number, issue state, geographical area and benefits as yours. A minimum of thirty (30) days advance written notice will be given. Your rate may also change if You move from one geographical area to another. A change will apply on the next premium due date after We notify You. We will not change Your rates because of a change in Your physical condition or on account of any claims paid under the Policy.

30-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY - It is important to Us that You are satisfied with this Policy and that it meets Your insurance needs. If You are not satisfied You may return it within thirty (30) days of receipt. Return it to Us or to Your agent and You will receive a full refund of any premiums You have paid. This Policy will then be void from its beginning.

READ YOUR POLICY CAREFULLY!

NOTICE: THIS POLICY CONTAINS AN ANNUAL DEDUCTIBLE WHICH MUST BE MET BEFORE ANY BENEFITS ARE PAYABLE. REFER TO PAGE 4 AND PAGE 8 FOR INFORMATION AND AN EXPLANATION OF HOW THIS DEDUCTIBLE AFFECTS BENEFITS.

IMPORTANT NOTICE GIVEN PURSUANT TO LAW: Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company within ten (10) days if any information shown on it is not correct and complete or if any past medical history has been left out of the application. The application is part of this Policy, which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. No agent has the authority to change this Policy or waive any of its provisions.

"Notice to buyer: This policy may not fully cover all of your medical costs."

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.

President

INDEX

This policy is a legal contract between you and us.
READ YOUR POLICY CAREFULLY!

Additional benefits or restrictions, if any, follow Page 9.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P.O. Box 105185, Atlanta, Georgia 30348-5185

For inquiries or to make a complaint, please contact the Policyholder Service Department at:
Direct (404) 266-5730; Toll-free (866) 458-7500; email bfphs@atlam.com

POLICY SPECIFICATIONS PAGE
Medicare Supplement Insurance Policy – Plan F with High Deductible

Policy Form B 21092 F2

Covered Person

Name:	Issue Age:	Sex:	Effective Date:
[JOHN D DOE]	[65]	[M]	[06-01-2010]

Premiums

Initial Premium:	$[0,000.00]			
Renewal Premium*:	Annual:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[0,000.00]	$[000.00]	$[000.00]	$[00.00]

*The Renewal Premium is subject to change as stated on the front of this Policy.

Policy Identification

Policy Number: 005-[2100600001]

Issue State: [ST]

Issue Zip Code: [123]

Optional Rider (if any): [HOUSEHOLD PREMIUM DISCOUNT]

THE POLICY SPECIFICATIONS PAGE IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

DEFINITIONS

When we use the following words this is what we mean:

ANNUAL DEDUCTIBLE - out-of-pocket expenses, other than premiums, for services normally covered by this Policy, which shall be in addition to any other specific benefit deductibles. The basis for the deductible shall be $1,500 and shall be adjusted annually from 1999 by the Secretary of the U.S. Department of Health and Human Services to reflect the change in the Consumer Price Index for all urban consumers for the twelve-month period ending with August of the preceding year, and rounded to the nearest multiple of ten dollars ($10).

BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

CALENDAR YEAR - a period of one (1) year which starts on January 1 and ends on December 31.

COINSURANCE AMOUNTS - the portion of Medicare-approved expense You are obligated to pay, excluding the Medicare deductibles.

CONFINED OR CONFINEMENT - assigned to a bed in a hospital on the advice of a physician. A charge for room and board must be made.

COVERED INJURY - accidental bodily injury sustained by the insured which is the direct result of an accident, independent of any disease, bodily infirmity or any other cause and occurs while this Policy is in force. Covered Injuries do not include injuries for which benefits are provided or are available under any workers' compensation, employer's liability or similar law, or motor vehicle no fault plan, unless prohibited by law.

COVERED SICKNESS - illness or disease of the insured which manifests itself after the effective date of the policy and while this Policy is in force. Covered Sicknesses do not include sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar law.

EFFECTIVE DATE - The original date Your coverage begins as shown on Page 3. It starts at 12:01 a.m., Standard Time, at your residence. It ends at 12:01 a.m., Standard Time, on the date any premium is due. Each renewal premium is due at the end of the term for which a premium has been paid.

HOSPITAL - shall have the same definition as provided in the Medicare program.

INSURED - the person for whom benefits are provided under this policy. This person is named on Page 3.

LIFETIME RESERVE CO PAYMENT AMOUNT - the fixed amount per day Medicare does not pay during the sixty (60) lifetime reserve days Medicare allows. It is set each year by Medicare.

MEDICARE - the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965 as Then Constituted or Later Amended.

MEDICARE BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

MEDICARE ELIGIBLE EXPENSES - expenses of the kinds covered by Medicare Part A and B, to the extent recognized as reasonable and medically necessary by Medicare.

POLICY ANNIVERSARY DATE – the day and month of each year coinciding with the date and month of the year in which Your Policy was issued.

DEFINITIONS, *continued*

PART A DEDUCTIBLE - the initial amount not covered by Medicare during the first sixty (60) days in a benefit period.

PART B DEDUCTIBLE - the initial amount not covered by Medicare for Part B eligible expenses in a Calendar Year.

PHYSICIAN - shall have the same definition as provided in the Medicare program.

POLICY and/or CONTRACT - the policy, any endorsement thereon, and a copy of your original application constitute the entire contract between you and us.

YOU, YOUR, OR YOURS - the person for whom benefits are provided under this policy. This person is named as the Insured on Page 3.

SUSPENSION OF BENEFITS AND PREMIUM

1. The benefits and premiums under the policy shall be suspended at the request of the policyholder for the period (not to exceed 24 months) in which the policyholder has applied for and is determined to be entitled to Medical Assistance under Title XIX of the Social Security Act (42 U.S.C.A. §§ 1396--1396u), but only if the policyholder notifies the issuer of the policy within 90 days after the date the individual becomes entitled to this assistance.
2. If a suspension occurs and if the policyholder loses entitlement to Medical Assistance, the policy shall be automatically reinstituted (effective as of the date of termination of the entitlement) as of the termination of the entitlement if the policyholder provides notice of loss of the entitlement within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of the entitlement.
3. The benefits and premiums under the policy shall be suspended at the request of the policyholder if the policyholder is entitled to benefits under section 226(b) of the Social Security Act (42 U.S.C.A. § 426(b)) and is covered under a group health plan (as defined in section 1862 (b)(1)(A)(v) of the Social Security Act (42 U.S.C.A. § 1395y(b)(1)(A)(v)). If suspension occurs and if the policyholder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.
4. Reinstitution of these coverages as described in clauses 2 and 3:
   A. May not provide for a waiting period with respect to treatment of preexisting conditions.
   B. Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of the suspension. If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstitution of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension.
   C. Shall provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder if the coverage had not been suspended.

GENERAL PROVISIONS

ENTIRE CONTRACT: CHANGES - This Policy, the applications and any endorsements or papers is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our executive officers. This approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions. Any rider, endorsement or application which modifies, limits or excludes coverage under this Policy must be accepted by You in writing to be effective (unless required by state or federal law). No statement shall be used in defense of a claim under the Policy unless it is contained in a written application that is endorsed upon or attached to the policy when issued or delivered. All statements made by the Insured shall, in the absence of fraud, be deemed representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES – (a) No misstatements made by You in the application for this Policy, attached hereto, shall be used to void this Policy or to deny a claim for loss or disability incurred after two (2) years from the Effective Date of this Policy; and (b) no claim for loss incurred commencing after the Effective Date of this Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of this Policy.

GRACE PERIOD - This Policy has a thirty-one (31)-day grace period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the grace period this Policy will stay in force. Your premium payment must be received in Our home office within the thirty-one (31)-day period. This thirty-one (31)-day Grace Period does not apply to the first premium payment. The first premium payment must be paid when your policy is delivered.

REINSTATEMENT - If the renewal premium is not paid before the grace period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for the reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approved date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval. The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIMS - Written notice of claim must be given within twenty (20) days after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at 4370 Peachtree Road NE, Atlanta, GA 30319, or to any one of Our authorized agents. The notice should include Your name and the number of the Policy.

CLAIM FORMS - When We receive notice of claim, We will send You forms for filing proof of loss, if these forms are not given to You within ten (10) days, You can meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS - Written proof of loss must be given to Us within ninety (90) days after We send You the claim forms. If it was not reasonably possible for You to give Us proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this policy will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIM - All benefits will be paid to you, or your assignee. Any benefits unpaid at your death may be paid to your estate. If benefits are payable to your estate, we may pay up to $1,000 to any relative of yours who we find is entitled to them. Any payment made in good faith will fully discharge us to the extent of the payment. We may pay all or a portion of any indemnities provided for health care services to the provider, unless you direct us otherwise in writing by the time proofs of loss are filed. We cannot require that the services be rendered by a particular provider.

PHYSICAL EXAMINATION AND AUTOPSY - We, at our own expense, have the right to have you examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

NOTICE; WAIVER - Furnishing forms for filing Proof Of Loss, receipt of Notice Of Claim or investigation of any claim shall not waive any of Our rights in defense of any such claim.

LEGAL ACTION - No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

EXTENSION OF BENEFITS - Termination of this policy shall be without prejudice to any continuous loss which commenced while this policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Any premium due and unpaid shall be deducted from the claim payment.

ADDITIONAL PROVISIONS

MISSTATEMENT OF AGE - If your age has been misstated, all amounts payable under this policy shall be such as the premium would have purchased at the correct age.

CONFORMITY WITH STATE STATUTES - Any provision of this policy which, on its effective date, is in conflict with the laws of the State in which it was delivered on that date is amended to conform to the minimum requirements of such laws.

UNPAID PREMIUM - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

PREMIUM PAYMENT - Renewal premiums are payable to us. The payment of any premium shall not continue this policy in force beyond the next premium due date, except as provided in the Grace Period provision.

PREMIUM REFUND AT DEATH - We will refund that part of any premium paid which covers a period beyond the date of Your death.

ASSIGNMENT - No Assignment of interest in this Policy will be binding on Us unless it is received by Us in Our home office. We are not responsible for the validity of any Assignment.

PARTICIPATION – This Policy is non-participating, it does not participate in Our profits or surplus earnings.

OTHER INSURANCE WITH US - You may have only one (1) Medicare Supplement policy with us. If, through an error, we issue more than one (1) policy, you may select which policy will remain in force. We will refund the money you paid on any other policy, minus any claims paid.

BENEFITS - PLAN F WITH HIGH DEDUCTIBLE

The following benefits are not payable until the Annual Deductible has been satisfied.

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;
3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept the issuer's payment as payment in full and may not bill the Insured for any balance;
4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations; and
5. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible;
6. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses;
7. Coverage for one hundred percent (100%) of the Medicare Part A inpatient hospital deductible amount per benefit period;
8. Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A;
9. Coverage for one hundred percent (100%) of the Medicare Part B deductible amount per calendar year regardless of hospital confinement;
10. Coverage for all of the difference between the actual Medicare Part B charges as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge;
11. Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a calendar year deductible of $250 and a lifetime maximum benefit of $50,000. For purposes of the this benefit, “emergency care” shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

Benefits designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment or coinsurance amount.

THE POLICY PAGE 8 IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

THE BACK COVER OF THE POLICY IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY
PLAN F WITH HIGH DEDUCTIBLE

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN G

Bankers Fidelity Life Insurance Company (hereinafter referred to as "We", "Our", "Us" or the "Company) promises to insure You for the benefits described in this Policy. We make this promise in consideration of the application for this Policy and the payment of the premium.

GUARANTEED RENEWABLE - This Policy is guaranteed renewable for life. We guarantee to renew this Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We cannot cancel this Policy, except for non-payment of premium or as provided under the Time Limit on Certain Defenses provision shown on Page 6.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the premium rates if we change the rates for all policies with the same form number, issue state, geographical area and benefits as yours. A minimum of thirty (30) days advance written notice will be given. Your rate may also change if You move from one geographical area to another. A change will apply on the next premium due date after We notify You. We will not change Your rates because of a change in Your physical condition or on account of any claims paid under the Policy.

30-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY - It is important to Us that You are satisfied with this Policy and that it meets Your insurance needs. If You are not satisfied You may return it within thirty (30) days of receipt. Return it to Us or to Your agent and You will receive a full refund of any premiums You have paid. This Policy will then be void from its beginning.

READ YOUR POLICY CAREFULLY!

IMPORTANT NOTICE GIVEN PURSUANT TO LAW: Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company within ten (10) days if any information shown on it is not correct and complete or if any past medical history has been left out of the application. The application is part of this Policy, which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. No agent has the authority to change this Policy or waive any of its provisions.

"Notice to buyer: This policy may not fully cover all of your medical costs."

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.

President

INDEX

This policy is a legal contract between you and us.
READ YOUR POLICY CAREFULLY!

Additional benefits or restrictions, if any, follow Page 9.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P.O. Box 105185, Atlanta, Georgia 30348-5185

For inquiries or to make a complaint, please contact the Policyholder Service Department at:
Direct (404) 266-5730; Toll-free (866) 458-7500; email bfphs@atlam.com

POLICY SPECIFICATIONS PAGE
Medicare Supplement Insurance Policy – Plan G

Policy Form B 21092 G

Covered Person

Name:	Issue Age:	Sex:	Effective Date:
[JOHN D DOE]	[65]	[M]	[06-01-2010]

Premiums

Initial Premium:	$[0,000.00]			
Renewal Premium*:	Annual:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[0,000.00]	$[000.00]	$[000.00]	$[00.00]

*The Renewal Premium is subject to change as stated on the front of this Policy.

Policy Identification

Policy Number: 005-[2100600001]

Issue State: [ST]

Issue Zip Code: [123]

Optional Rider (if any): [HOUSEHOLD PREMIUM DISCOUNT]

THE POLICY SPECIFICATIONS PAGE IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

DEFINITIONS

When we use the following words this is what we mean:

BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

CALENDAR YEAR - a period of one (1) year which starts on January 1 and ends on December 31.

COINSURANCE AMOUNTS - the portion of Medicare-approved expense You are obligated to pay, excluding the Medicare deductibles.

CONFINED OR CONFINEMENT - assigned to a bed in a hospital on the advice of a physician. A charge for room and board must be made.

COVERED INJURY - accidental bodily injury sustained by the insured which is the direct result of an accident, independent of any disease, bodily infirmity or any other cause and occurs while this Policy is in force. Covered Injuries do not include injuries for which benefits are provided or are available under any workers' compensation, employer's liability or similar law, or motor vehicle no fault plan, unless prohibited by law.

COVERED SICKNESS - illness or disease of the insured which manifests itself after the effective date of the policy and while this Policy is in force. Covered Sicknesses do not include sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar law.

EFFECTIVE DATE - The original date Your coverage begins as shown on Page 3. It starts at 12:01 a.m., Standard Time, at your residence. It ends at 12:01 a.m., Standard Time, on the date any premium is due. Each renewal premium is due at the end of the term for which a premium has been paid.

HOSPITAL - shall have the same definition as provided in the Medicare program.

INSURED - the person for whom benefits are provided under this policy. This person is named on Page 3.

LIFETIME RESERVE CO PAYMENT AMOUNT - the fixed amount per day Medicare does not pay during the sixty (60) lifetime reserve days Medicare allows. It is set each year by Medicare.

MEDICARE - the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965 as Then Constituted or Later Amended.

MEDICARE BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

MEDICARE ELIGIBLE EXPENSES - expenses of the kinds covered by Medicare Part A and B, to the extent recognized as reasonable and medically necessary by Medicare.

POLICY ANNIVERSARY DATE – the day and month of each year coinciding with the date and month of the year in which Your Policy was issued.

DEFINITIONS, *continued*

PART A DEDUCTIBLE - the initial amount not covered by Medicare during the first sixty (60) days in a benefit period.

PART B DEDUCTIBLE - the initial amount not covered by Medicare for Part B eligible expenses in a Calendar Year.

PHYSICIAN - shall have the same definition as provided in the Medicare program.

POLICY and/or CONTRACT - the policy, any endorsement thereon, and a copy of your original application constitute the entire contract between you and us.

YOU, YOUR, OR YOURS - the person for whom benefits are provided under this policy. This person is named as the Insured on Page 3.

SUSPENSION OF BENEFITS AND PREMIUM

1. The benefits and premiums under the policy shall be suspended at the request of the policyholder for the period (not to exceed 24 months) in which the policyholder has applied for and is determined to be entitled to Medical Assistance under Title XIX of the Social Security Act (42 U.S.C.A. §§ 1396--1396u), but only if the policyholder notifies the issuer of the policy within 90 days after the date the individual becomes entitled to this assistance.
2. If a suspension occurs and if the policyholder loses entitlement to Medical Assistance, the policy shall be automatically reinstituted (effective as of the date of termination of the entitlement) as of the termination of the entitlement if the policyholder provides notice of loss of the entitlement within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of the entitlement.
3. The benefits and premiums under the policy shall be suspended at the request of the policyholder if the policyholder is entitled to benefits under section 226(b) of the Social Security Act (42 U.S.C.A. § 426(b)) and is covered under a group health plan (as defined in section 1862 (b)(1)(A)(v) of the Social Security Act (42 U.S.C.A. § 1395y(b)(1)(A)(v)). If suspension occurs and if the policyholder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.
4. Reinstitution of these coverages as described in clauses 2 and 3:
   A. May not provide for a waiting period with respect to treatment of preexisting conditions.
   B. Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of the suspension. If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstitution of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension.
   C. Shall provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder if the coverage had not been suspended.

GENERAL PROVISIONS

ENTIRE CONTRACT: CHANGES - This Policy, the applications and any endorsements or papers is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our executive officers. This approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions. Any rider, endorsement or application which modifies, limits or excludes coverage under this Policy must be accepted by You in writing to be effective (unless required by state or federal law). No statement shall be used in defense of a claim under the Policy unless it is contained in a written application that is endorsed upon or attached to the policy when issued or delivered. All statements made by the Insured shall, in the absence of fraud, be deemed representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES – (a) No misstatements made by You in the application for this Policy, attached hereto, shall be used to void this Policy or to deny a claim for loss or disability incurred after two (2) years from the Effective Date of this Policy; and (b) no claim for loss incurred commencing after the Effective Date of this Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of this Policy.

GRACE PERIOD - This Policy has a thirty-one (31)-day grace period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the grace period this Policy will stay in force. Your premium payment must be received in Our home office within the thirty-one (31)-day period. This thirty-one (31)-day Grace Period does not apply to the first premium payment. The first premium payment must be paid when your policy is delivered.

REINSTATEMENT - If the renewal premium is not paid before the grace period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for the reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approved date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval. The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIMS - Written notice of claim must be given within twenty (20) days after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at 4370 Peachtree Road NE, Atlanta, GA 30319, or to any one of Our authorized agents. The notice should include Your name and the number of the Policy.

CLAIM FORMS - When We receive notice of claim, We will send You forms for filing proof of loss, if these forms are not given to You within ten (10) days, You can meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS - Written proof of loss must be given to Us within ninety (90) days after We send You the claim forms. If it was not reasonably possible for You to give Us proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this policy will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIM - All benefits will be paid to you, or your assignee. Any benefits unpaid at your death may be paid to your estate. If benefits are payable to your estate, we may pay up to $1,000 to any relative of yours who we find is entitled to them. Any payment made in good faith will fully discharge us to the extent of the payment. We may pay all or a portion of any indemnities provided for health care services to the provider, unless you direct us otherwise in writing by the time proofs of loss are filed. We cannot require that the services be rendered by a particular provider.

PHYSICAL EXAMINATION AND AUTOPSY - We, at our own expense, have the right to have you examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

NOTICE; WAIVER - Furnishing forms for filing Proof Of Loss, receipt of Notice Of Claim or investigation of any claim shall not waive any of Our rights in defense of any such claim.

LEGAL ACTION - No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

EXTENSION OF BENEFITS - Termination of this policy shall be without prejudice to any continuous loss which commenced while this policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Any premium due and unpaid shall be deducted from the claim payment.

ADDITIONAL PROVISIONS

MISSTATEMENT OF AGE - If your age has been misstated, all amounts payable under this policy shall be such as the premium would have purchased at the correct age.

CONFORMITY WITH STATE STATUTES - Any provision of this policy which, on its effective date, is in conflict with the laws of the State in which it was delivered on that date is amended to conform to the minimum requirements of such laws.

UNPAID PREMIUM - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

PREMIUM PAYMENT - Renewal premiums are payable to us. The payment of any premium shall not continue this policy in force beyond the next premium due date, except as provided in the Grace Period provision.

PREMIUM REFUND AT DEATH - We will refund that part of any premium paid which covers a period beyond the date of Your death.

ASSIGNMENT - No Assignment of interest in this Policy will be binding on Us unless it is received by Us in Our home office. We are not responsible for the validity of any Assignment.

PARTICIPATION – This Policy is non-participating, it does not participate in Our profits or surplus earnings.

OTHER INSURANCE WITH US - You may have only one (1) Medicare Supplement policy with us. If, through an error, we issue more than one (1) policy, you may select which policy will remain in force. We will refund the money you paid on any other policy, minus any claims paid.

BENEFITS - PLAN G

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;
3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept the issuer's payment as payment in full and may not bill the Insured for any balance;
4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations; and
5. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible;
6. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses;
7. Coverage for one hundred percent (100%) of the Medicare Part A inpatient hospital deductible amount per benefit period;
8. Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A;
9. Coverage for all of the difference between the actual Medicare Part B charges as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge;
10. Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a calendar year deductible of $250 and a lifetime maximum benefit of $50,000. For purposes of the this benefit, “emergency care” shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

Benefits designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment or coinsurance amount.

THE POLICY PAGE 8 IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

THE BACK COVER OF THE POLICY IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN G

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN K

Bankers Fidelity Life Insurance Company (hereinafter referred to as "We", "Our", "Us" or the "Company) promises to insure You for the benefits described in this Policy. We make this promise in consideration of the application for this Policy and the payment of the premium.

GUARANTEED RENEWABLE - This Policy is guaranteed renewable for life. We guarantee to renew this Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We cannot cancel this Policy, except for non-payment of premium or as provided under the Time Limit on Certain Defenses provision shown on Page 6.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the premium rates if we change the rates for all policies with the same form number, issue state, geographical area and benefits as yours. A minimum of thirty (30) days advance written notice will be given. Your rate may also change if You move from one geographical area to another. A change will apply on the next premium due date after We notify You. We will not change Your rates because of a change in Your physical condition or on account of any claims paid under the Policy.

30-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY - It is important to Us that You are satisfied with this Policy and that it meets Your insurance needs. If You are not satisfied You may return it within thirty (30) days of receipt. Return it to Us or to Your agent and You will receive a full refund of any premiums You have paid. This Policy will then be void from its beginning.

READ YOUR POLICY CAREFULLY!

NOTICE: THIS POLICY CONTAINS AN OUT-OF-POCKET LIMITATION WHICH MUST BE MET BEFORE BENEFITS ARE FULLY PAYABLE. REFER TO PAGE 8 FOR INFORMATION AND AN EXPLANATION OF HOW THIS LIMITATION AFFECTS BENEFITS.

IMPORTANT NOTICE GIVEN PURSUANT TO LAW: Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company within ten (10) days if any information shown on it is not correct and complete or if any past medical history has been left out of the application. The application is part of this Policy, which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. No agent has the authority to change this Policy or waive any of its provisions.

"Notice to buyer: This policy may not fully cover all of your medical costs."

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.

President

INDEX

This policy is a legal contract between you and us.
READ YOUR POLICY CAREFULLY!

Additional benefits or restrictions, if any, follow Page 8.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P.O. Box 105185, Atlanta, Georgia 30348-5185

For inquiries or to make a complaint, please contact the Policyholder Service Department at:
Direct (404) 266-5730; Toll-free (866) 458-7500; email bfphs@atlam.com

POLICY SPECIFICATIONS PAGE
Medicare Supplement Insurance Policy – Plan K

Policy Form B 21092 K

Covered Person

Name:	Issue Age:	Sex:	Effective Date:
[JOHN D DOE]	[65]	[M]	[06-01-2010]

Premiums

Initial Premium:	$[0,000.00]			
Renewal Premium*:	Annual:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[0,000.00]	$[000.00]	$[000.00]	$[00.00]

*The Renewal Premium is subject to change as stated on the front of this Policy.

Policy Identification

Policy Number: 005-[2100600001]

Issue State: [ST]

Issue Zip Code: [123]

Optional Rider (if any): [HOUSEHOLD PREMIUM DISCOUNT]

THE POLICY SPECIFICATIONS PAGE IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

DEFINITIONS

When we use the following words this is what we mean:

BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

CALENDAR YEAR - a period of one (1) year which starts on January 1 and ends on December 31.

COINSURANCE AMOUNTS - the portion of Medicare-approved expense You are obligated to pay, excluding the Medicare deductibles.

CONFINED OR CONFINEMENT - assigned to a bed in a hospital on the advice of a physician. A charge for room and board must be made.

COVERED INJURY - accidental bodily injury sustained by the insured which is the direct result of an accident, independent of any disease, bodily infirmity or any other cause and occurs while this Policy is in force. Covered Injuries do not include injuries for which benefits are provided or are available under any workers' compensation, employer's liability or similar law, or motor vehicle no fault plan, unless prohibited by law.

COVERED SICKNESS - illness or disease of the insured which manifests itself after the effective date of the policy and while this Policy is in force. Covered Sicknesses do not include sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar law.

EFFECTIVE DATE - The original date Your coverage begins as shown on Page 3. It starts at 12:01 a.m., Standard Time, at your residence. It ends at 12:01 a.m., Standard Time, on the date any premium is due. Each renewal premium is due at the end of the term for which a premium has been paid.

HOSPITAL - shall have the same definition as provided in the Medicare program.

INSURED - the person for whom benefits are provided under this policy. This person is named on Page 3.

LIFETIME RESERVE CO PAYMENT AMOUNT - the fixed amount per day Medicare does not pay during the sixty (60) lifetime reserve days Medicare allows. It is set each year by Medicare.

MEDICARE - the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965 as Then Constituted or Later Amended.

MEDICARE BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

MEDICARE ELIGIBLE EXPENSES - expenses of the kinds covered by Medicare Part A and B, to the extent recognized as reasonable and medically necessary by Medicare.

POLICY ANNIVERSARY DATE – the day and month of each year coinciding with the date and month of the year in which Your Policy was issued.

DEFINITIONS, *continued*

PART A DEDUCTIBLE - the initial amount not covered by Medicare during the first sixty (60) days in a benefit period.

PART B DEDUCTIBLE - the initial amount not covered by Medicare for Part B eligible expenses in a Calendar Year.

PHYSICIAN - shall have the same definition as provided in the Medicare program.

POLICY and/or CONTRACT - the policy, any endorsement thereon, and a copy of your original application constitute the entire contract between you and us.

YOU, YOUR, OR YOURS - the person for whom benefits are provided under this policy. This person is named as the Insured on Page 3.

SUSPENSION OF BENEFITS AND PREMIUM

1. The benefits and premiums under the policy shall be suspended at the request of the policyholder for the period (not to exceed 24 months) in which the policyholder has applied for and is determined to be entitled to Medical Assistance under Title XIX of the Social Security Act (42 U.S.C.A. §§ 1396--1396u), but only if the policyholder notifies the issuer of the policy within 90 days after the date the individual becomes entitled to this assistance.
2. If a suspension occurs and if the policyholder loses entitlement to Medical Assistance, the policy shall be automatically reinstituted (effective as of the date of termination of the entitlement) as of the termination of the entitlement if the policyholder provides notice of loss of the entitlement within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of the entitlement.
3. The benefits and premiums under the policy shall be suspended at the request of the policyholder if the policyholder is entitled to benefits under section 226(b) of the Social Security Act (42 U.S.C.A. § 426(b)) and is covered under a group health plan (as defined in section 1862 (b)(1)(A)(v) of the Social Security Act (42 U.S.C.A. § 1395y(b)(1)(A)(v)). If suspension occurs and if the policyholder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.
4. Reinstitution of these coverages as described in clauses 2 and 3:
   A. May not provide for a waiting period with respect to treatment of preexisting conditions.
   B. Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of the suspension. If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstitution of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension.
   C. Shall provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder if the coverage had not been suspended.

GENERAL PROVISIONS

ENTIRE CONTRACT: CHANGES - This Policy, the applications and any endorsements or papers is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our executive officers. This approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions. Any rider, endorsement or application which modifies, limits or excludes coverage under this Policy must be accepted by You in writing to be effective (unless required by state or federal law). No statement shall be used in defense of a claim under the Policy unless it is contained in a written application that is endorsed upon or attached to the policy when issued or delivered. All statements made by the Insured shall, in the absence of fraud, be deemed representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES – (a) No misstatements made by You in the application for this Policy, attached hereto, shall be used to void this Policy or to deny a claim for loss or disability incurred after two (2) years from the Effective Date of this Policy; and (b) no claim for loss incurred commencing after the Effective Date of this Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of this Policy.

GRACE PERIOD - This Policy has a thirty-one (31)-day grace period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the grace period this Policy will stay in force. Your premium payment must be received in Our home office within the thirty-one (31)-day period. This thirty-one (31)-day Grace Period does not apply to the first premium payment. The first premium payment must be paid when your policy is delivered.

REINSTATEMENT - If the renewal premium is not paid before the grace period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for the reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approved date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval. The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIMS - Written notice of claim must be given within twenty (20) days after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at 4370 Peachtree Road NE, Atlanta, GA 30319, or to any one of Our authorized agents. The notice should include Your name and the number of the Policy.

CLAIM FORMS - When We receive notice of claim, We will send You forms for filing proof of loss, if these forms are not given to You within ten (10) days, You can meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS - Written proof of loss must be given to Us within ninety (90) days after We send You the claim forms. If it was not reasonably possible for You to give Us proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this policy will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIM - All benefits will be paid to you, or your assignee. Any benefits unpaid at your death may be paid to your estate. If benefits are payable to your estate, we may pay up to $1,000 to any relative of yours who we find is entitled to them. Any payment made in good faith will fully discharge us to the extent of the payment. We may pay all or a portion of any indemnities provided for health care services to the provider, unless you direct us otherwise in writing by the time proofs of loss are filed. We cannot require that the services be rendered by a particular provider.

PHYSICAL EXAMINATION AND AUTOPSY - We, at our own expense, have the right to have you examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

NOTICE; WAIVER - Furnishing forms for filing Proof Of Loss, receipt of Notice Of Claim or investigation of any claim shall not waive any of Our rights in defense of any such claim.

LEGAL ACTION - No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

EXTENSION OF BENEFITS - Termination of this policy shall be without prejudice to any continuous loss which commenced while this policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Any premium due and unpaid shall be deducted from the claim payment.

ADDITIONAL PROVISIONS

MISSTATEMENT OF AGE - If your age has been misstated, all amounts payable under this policy shall be such as the premium would have purchased at the correct age.

CONFORMITY WITH STATE STATUTES - Any provision of this policy which, on its effective date, is in conflict with the laws of the State in which it was delivered on that date is amended to conform to the minimum requirements of such laws.

UNPAID PREMIUM - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

PREMIUM PAYMENT - Renewal premiums are payable to us. The payment of any premium shall not continue this policy in force beyond the next premium due date, except as provided in the Grace Period provision.

PREMIUM REFUND AT DEATH - We will refund that part of any premium paid which covers a period beyond the date of Your death.

ASSIGNMENT - No Assignment of interest in this Policy will be binding on Us unless it is received by Us in Our home office. We are not responsible for the validity of any Assignment.

PARTICIPATION – This Policy is non-participating, it does not participate in Our profits or surplus earnings.

OTHER INSURANCE WITH US - You may have only one (1) Medicare Supplement policy with us. If, through an error, we issue more than one (1) policy, you may select which policy will remain in force. We will refund the money you paid on any other policy, minus any claims paid.

BENEFITS - PLAN K

1. Coverage of one hundred percent (100%) of the Part A hospital coinsurance amount for each day used from the 61st day through the 90th day in any Medicare benefit period;
2. Coverage of one hundred percent (100%) of the Part A hospital coinsurance amount for each Medicare lifetime inpatient reserve day used from the 91st through the 150th day in any Medicare benefit period;
3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept the issuer's payment as payment in full and may not bill the Insured for any balance;
4. Coverage for fifty percent (50%) of the Medicare Part A inpatient hospital deductible amount per benefit period;
5. Coverage for fifty percent (50%) of the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A until the out-of-pocket limitation is met as described in item number 11 on this page;
6. Coverage for fifty percent (50%) of cost sharing for all Part A Medicare eligible hospice care and respite care expenses until the out-of-pocket limitation is met as described in item number 11 on this page;
7. Coverage for fifty percent (50%), under Medicare Parts A and B, of the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations;
8. Except for coverage provided in item number 10 on this page, coverage for fifty percent (50%) of the cost sharing otherwise applicable under Medicare Part B after the Insured pays the Part B deductible until the out-of-pocket limitation is met as described in item number 11 on this page;
9. Coverage for one hundred percent (100%) of the cost sharing for Medicare Part B preventive services after the Insured pays the Part B deductible; and
10. Cost Sharing After Out-of-Pocket Limits: Coverage of one hundred percent (100%) of all cost sharing under Medicare Parts A and B for the balance of the calendar year after the individual has reached the out-of-pocket limitation on annual expenditures under Medicare Parts A and B of $4,000 in 2006, indexed each year by the appropriate inflation adjustment specified by the Secretary of the U.S. Department of Health and Human Services.

Benefits designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment or coinsurance amount.

THE POLICY PAGE 8 IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

THE BACK COVER OF THE POLICY IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN K

BANKERS FIDELITY LIFE INSURANCE COMPANY

Atlanta, Georgia

HOUSEHOLD PREMIUM DISCOUNT RIDER

This Rider is attached to and made a part of the Medicare Supplement Policy number [005-2100600001] as of the Effective Date of the Policy shown on Page 3 of the Policy. Except as stated elsewhere in this Rider, all the definitions, provisions, conditions, exclusions and limitations of the Policy to which it is attached remain in effect.

PROVISIONS

You are eligible for the Household Premium Discount if:

1. You have lived in the same Residence with a Medicare-eligible adult for the past year; or You are married; and
2. the other adult or Your spouse also owns or is issued a Medicare Supplement Insurance Policy underwritten by Us.

As long as You remain eligible for the Household Premium Discount, Your premium will be reduced by [5]%.

You will become ineligible for the Household Premium Discount and it will be removed from Your Policy if the other adults or Your spouses' Medicare Supplement policy terminates or he or she no longer lives in the same Residence with you, other than in the event of their death.

A "Residence" shall mean a single-family home, individual apartment or condominium unit or other dwelling which is meant to house a single family and has a unique street address.

The following paragraph is hereby added to the provision regarding premium changes appearing on the front page of the Policy:

> If you cease to be eligible for the Household Premium Discount, Your Policy's premium discount will be removed. This premium change will occur on the first premium due date on or after we learn that Your eligibility ended.

TERMINATION

This Rider will terminate:

1. when You cease to be eligible for the Household Premium Discount in accordance with the provisions above; or
2. upon termination of the Policy.

In witness of the above, **BANKERS FIDELITY LIFE INSURANCE COMPANY** has caused this Rider to be signed by its President.

President

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, NE, P.O. Box 105185, Atlanta, GA 30348-5185

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates On or After 06-01-2010

This chart shows the benefits included in each of the standard Medicare Supplement Plans. Every company must make available Plan "A". Some plans may not be available in your state. [Plans E, H, I, and J are no longer available for sale.]

BASIC BENEFITS:

- **Hospitalization -** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses -** Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood -** First three (3) pints of blood each year.
- **Hospice -** Part A coinsurance.

† **Bankers Fidelity Life Insurance Company** does not currently offer the plans marked below.

PLANS									
A	**B†**	**C†**	**D†**	**F / F***	**G**	**K**	**L†**	**M†**	**N†**
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%, other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%, other basic benefits paid at 50%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to $20 copayment for office visit, and up to $50 copayment for ER
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Co-insurance	75% Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit $[4,620] paid at 100% after limit reached	Out-of-pocket limit $[2,310] paid at 100% after limit reached		

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as standard Plan F after one has paid a calendar year $[2,000] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses are $[2,000]. Out-of-pocket expenses for this deductible are expenses that would normally be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, NE, P.O. Box 105185, Atlanta, GA 30348-5185

Medicare Supplement - Policy Form B 21092

ARKANSAS - MONTHLY BANK DRAFT RATES

Rates Effective 06-01-2010

PREFERRED NON-TOBACCO

ISSUE AGE	ISSUE AGE RATES									
	Area 1 = All Other Zip Codes					Area 2 = Zip Codes 720-722				
	A	F	F2 (High Deductible)	G	K	A	F	F2 (High Deductible)	G	K
65+	100.00	138.00	48.00	117.00	69.00	112.00	154.00	54.00	131.00	77.00

STANDARD

ISSUE AGE	ISSUE AGE RATES									
	Area 1 = All Other Zip Codes					Area 2 = Zip Codes 720-722				
	A	F	F2 (High Deductible)	G	K	A	F	F2 (High Deductible)	G	K
65+	120.00	166.00	58.00	140.00	83.00	134.00	185.00	65.00	157.00	92.00

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following: Annual = 12; Semi-Annual = 6; Quarterly = 3
Monthly Credit Card Premiums are the same as Monthly Bank Draft.
Monthly Direct Bill: Add $2.00 monthly service fee to Monthly Bank Draft Premium.

5% Household Discount may be available; refer to application for qualifications.

Bankers Fidelity Life Insurance Company

4370 Peachtree Road, NE, P.O. Box 105185, Atlanta, GA 30348-5185

PREMIUM INFORMATION

We, Bankers Fidelity Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in the same state where your policy was issued.

Household Premium Discount: You will be eligible for the Household Premium Discount if you lived in the same residence as at least one other Medicare eligible adult or were married to a Medicare-eligible adult and that other adult owns or is issued a Medicare Supplement policy underwritten by Bankers Fidelity Life Insurance Company. The discounted premium will be 5% lower than the rates illustrated. Your Household Premium Discount will be removed if your spouse or the other Medicare Supplement policyholder terminates their policy with Bankers Fidelity Life Insurance Company or that person no longer lives in the same residence as you (other than in the case of death).

DISLOSURES

Use this outline to compare benefits and premiums among policies.

[This outline shows benefits and premiums of policies sold for effective dates on or after 06-01-2010. Policies sold for effective dates prior to 06-01-2010 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.]

READ YOUR POLICY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to 4370 Peachtree Road NE, Atlanta, Georgia 30319. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs.

Neither Bankers Fidelity Life Insurance Company nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult Medicare and You for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

PLAN A

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$[0]	$[1,100] (Part A deductible)
61st through 90th day	All but $[275] a day	$[275] a day	$[0]
91st day and after			
- While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$[0]
- Once lifetime reserve days are used			
- Additional 365 days	$[0]	100% of Medicare-eligible expenses	$[0]**
- Beyond the additional 365 days	$[0]	$[0]	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$[0]	$[0]
21st through 100th day	All but $[137.50] a day	$[0]	Up to $[137.50] a day
101st day and after	$[0]	$[0]	All costs
BLOOD			
First 3 pints	$[0]	3 pints	$[0]
Additional Amounts	100%	$[0]	$[0]
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$[0]

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed $[155] of Medicare-approved amounts for covered services (which are noted with an asterick), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $[155] of Medicare-approved amounts*	$[0]	$[0]	$[155] (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$[0]
Part B Excess Charges (above Medicare-approved amounts)	$[0]	$[0]	All Costs
BLOOD			
First 3 pints	$[0]	All costs	$[0]
Next $[155] of Medicare-approved amounts*	$[0]	$[0]	$[155] (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$[0]
CLINICAL LABORATORY SERVICES			
- TESTS FOR DIAGNOSTIC SERVICES	100%	$[0]	$[0]

PARTS A & B

HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	$[0]	$[0]
- Durable medical equipment	$[0]	$[0]	$[155] (Part B deductible)
First $[155] of Medicare-approved amounts*			
Remainder of Medicare-approved amounts	80%	20%	$[0]

PLAN F or HIGH DEDUCTIBLE PLAN F

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $[2,000] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY $[2,000] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $[2,000] DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$[1,100] (Part A deductible)	$[0]
61st through 90th day	All but $[275] a day	$[275] a day	$[0]
91st day and after			
- While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$[0]
- Once lifetime reserve days are used			
- Additional 365 days	$[0]	100% of Medicare-eligible expenses	$[0]**
- Beyond the additional 365 days	$[0]	$[0]	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$[0]	$[0]
21st through 100th day	All but $[137.50] a day	Up to $[137.50] a day	$[0]
101st day and after	$[0]	$[0]	All costs
BLOOD			
First 3 pints	$[0]	3 pints	$[0]
Additional Amounts	100%	$[0]	$[0]
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$[0]

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F or HIGH DEDUCTIBLE PLAN F

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed $[155] of Medicare-approved amounts for covered services (which are noted with an asterick), your Part B deductible will have been met for the calendar year.

**This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $[2,000] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY $[2,000] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $[2,000] DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $[155] of Medicare-approved amounts*	$[0]	$[155] (Part B deductible)	$[0]
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$[0]
Part B Excess Charges (above Medicare-approved amounts)	$[0]	$[0]	All Costs
BLOOD			
First 3 pints	$[0]	All costs	$[0]
Next $[155] of Medicare-approved amounts*	$[0]	$[155] (Part B deductible)	$[0]
Remainder of Medicare-approved amounts	80%	20%	$[0]
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	$[0]	$[0]

PLAN F or HIGH DEDUCTIBLE PLAN F

SERVICES	MEDICARE PAYS	AFTER YOU PAY $[2,000] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $[2,000] DEDUCTIBLE,** YOU PAY
PARTS A & B			
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	$[0]	$[0]
- Durable medical equipment	$[0]	$[155] (Part B deductible)	$[0]
First $[155] of Medicare-approved amounts*			
Remainder of Medicare-approved amounts	80%	20%	$[0]
OTHER BENEFITS - NOT COVERED BY MEDICARE			
FOREIGN TRAVEL			
NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$[0]	$[0]	$250
Remainder of Charges	$[0]	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

PLAN G

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$[1,100] (Part A deductible)	$[0]
61st through 90th day	All but $[275] a day	$[275] a day	$[0]
91st day and after			
- While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$[0]
- Once lifetime reserve days are used			
- Additional 365 days	$[0]	100% of Medicare-eligible expenses	$[0]**
- Beyond the additional 365 days	$[0]	$[0]	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$[0]	$[0]
21st through 100th day	All but $[137.50] a day	Up to $[137.50] a day	$[0]
101st day and after	$[0]	$[0]	All costs
BLOOD			
First 3 pints	$[0]	3 pints	$[0]
Additional Amounts	100%	$[0]	$[0]
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$[0]

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed $[155] of Medicare-approved amounts for covered services (which are noted with an asterick), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $[155] of Medicare-approved amounts*	$[0]	$[0]	$[155] (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$[0]
Part B Excess Charges (above Medicare-approved amounts)	$[0]	$[0]	All Costs
BLOOD			
First 3 pints	$[0]	All costs	$[0]
Next $[155] of Medicare-approved amounts*	$[0]	$[0]	$[155] (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$[0]
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	$[0]	$[0]

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	$[0]	$[0]
- Durable medical equipment	$[0]	$[0]	$[155] (Part B deductible)
First $[155] of Medicare-approved amounts*			
Remainder of Medicare-approved amounts	80%	20%	$[0]

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$[0]	$[0]	$250
Remainder of Charges	$[0]	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

PLAN K

*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $[4,620] each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the charts below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$[550] (50% of Part A deductible)	$[550] (50% of Part A deductible)♦
61st through 90th day	All but $[275] a day	$[275] a day	$[0]
91st day and after			
- While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$[0]
- Once lifetime reserve days are used	$[0]	100% of Medicare-eligible expenses	$[0]**
- Additional 365 days			
- Beyond the additional 365 days	$[0]	$[0]	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$[0]	$[0]
21st through 100th day	All but $[137.50] a day	Up to $[68.75] a day	$Up to $[68.75] a day♦
101st day and after	$[0]	$[0]	All costs
BLOOD			
First 3 pints	$[0]	50%	50%♦
Additional Amounts	100%	$[0]	$[0]
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	50% of Medicare copayment/ coinsurance	50% of Medicare copayment/ coinsurance♦

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN K

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

****Once you have been billed $[155] of Medicare-approved amounts for covered services (which are noted with an asterick), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $[155] of Medicare-approved amounts****	$[0]	$[0]	$[155] (Part B deductible)****♦
Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare approved amounts	Remainder of Medicare approved amounts	All costs above Medicare approved amounts
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%♦
Part B Excess Charges (above Medicare-approved amounts)	$[0]	$[0]	All costs (and they do not count toward annual out-of-pocket limit of $[4,620]*
BLOOD			
First 3 pints	$[0]	50%	50%♦
Next $[155] of Medicare-approved amounts***	$[0]	$[0]	$[155] (Part B deductible)****♦
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%♦
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	$[0]	$[0]

*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $[4,620] per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	$[0]	$[0]
- Durable medical equipment First $[155] of Medicare-approved amounts*****	$[0]	$[0]	$[155] (Part B deductible)♦
Remainder of Medicare-approved amounts	80%	10%	10%♦

*****Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare.*

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P. O. Box 105185, Atlanta, GA 30348-5146

APPLICATION FOR INSURANCE
PREFERRED UNDERWRITING CLASS

PLEASE PRINT

Agent/Broker Name	Agent #
Joe Agent	00001

Proposed Insured	Social Security No.	Sex	Place (State) of Birth	Age	Born Mo.	Born Day	Born Yr.	Height & Weight Ft.	Height & Weight In.	Height & Weight Lbs.
John D. Doe	000000001	m	GA	65	01	01	45	6	2	180

Residence Address (Street or Route & Box No.)	City	County	State	Zip Code
#1 Main Street	City	Co	ST	00000-0001

Telephone Number (123) 456 7890 | Best Time to Call: 8 ☐ AM ☑ PM | Proposed Insured E-mail Address: johndoe@email.com | Mail Policy To: ☑ Insured ☐ Agent

PRINT—To whom should premium notices be sent? ☑ Same address as Proposed Insured, or:

Payor name _____ Phone number ( ) _____

Complete Address: _____

SELECT THE COVERAGE YOU WANT BY CHECKING THE APPROPRIATE BOXES BELOW

MEDICARE SUPPLEMENT PLANS: ☐ A ☐ F ☐ High Deductible F ☑ G ☐ K

*Some plans not available in all states. Refer to rate sheet for availability.

Open Enrollment:

(a) Is the Proposed Insured eligible for coverage under the "Open Enrollment" period (the six month period beginning with the first month in which the Proposed Insured is both age 65 or older and enrolled in Medicare Part B)? ☑ Yes ☐ No

(b) Is the Proposed Insured eligible for coverage under the 63-day (90-days in WY only) "guarantee issue" period ? If "Yes," proof must be submitted. ☐ Yes ☑ No

REQUESTED EFFECTIVE DATE: 06-01-10

PREMIUM MODE:
- ☐ Annual (MBD x 12)
- ☐ Semi-Annual (MBD x 6)
- ☐ Quarterly (MBD x 3)
- ☐ Monthly Direct (MBD + $2.00)
- ☑ Monthly Bank Draft*
- ☐ Monthly Credit Card*

*Requested Draft Date _____

BILLING TYPE:
☐ Individual ☑ Family*

*Complete Family Billing Form B 0129 FB/LB

MODAL PREMIUMS - choose one column:

	with Household Discount	without Household Discount
Monthly Bank Draft Premium	$ XXX.XX	$
5% Household Discount *if qualified*	x .95	N/A
equals Monthly Bank or Credit Card Premium	= $ XXX.XX	$
Other Modes: EITHER *multiply* by modal factor	x —	
OR if Monthly Direct Bill *add* $2 service fee	+ $ —	$
Total Intial Premium Due	= $ XXX.XX	$

* If the Proposed Insured does not qualify for the Household Discount, the full modal premium will be required.

☑ Draft initial premium:** ☐ Check/money order included. ☐ Charge credit card for initial premium.

**Initial Draft Date _____

INSURANCE INFORMATION

1. (a) Medicare claim number 000-00-0000-00 *(Record full, complete number from Medicare card.)*
   (b) Is the Proposed Insured covered under Medicare Part A? ☑ Yes ☐ No **If "Yes," effective date** 01-01-10
   (c) Is the Proposed Insured covered under Medicare Part B? ☑ Yes ☐ No **If "Yes," effective date** 01-01-10
   (d) Is the Proposed Insured covered under Social Security Disability? ☐ Yes ☑ No **If "Yes," effective date** _____
2. If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application. PLEASE ANSWER ALL QUESTIONS. Please mark Yes or No below with an "X".
   (A) Did you turn age 65 in the last 6 months? ☑ Yes ☐ No
   (B) Did you enroll in Medicare Part B in the last 6 months? ☑ Yes ☐ No
   (C) If yes, what is the effective date? 01-01-10
   (D) Are you covered for medical assistance through the state Medicaid program? (NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer "NO" to this question.) ☐ Yes ☑ No
   (a) If yes, will Medicaid pay your premiums for this Medicare supplement policy? ☐ Yes ☑ No
   (b) Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium? ☐ Yes ☑ No
   (E) If you had coverage from any Medicare plan other than original Medicare within the past 63 days (90-days in WY only) (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank. Start date _____ End Date _____
   (a) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy? ☐ Yes ☑ No
   (b) Was this your first time in this type of Medicare plan? ☐ Yes ☑ No
   (c) Did you drop a Medicare supplement policy to enroll in the Medicare plan? ☐ Yes ☑ No
   (F) Do you have another Medicare supplement policy in force? ☐ Yes ☑ No
   (a) If so, with what company, and what plan do you have? _____
   (b) If so, do you intend to replace your current Medicare supplement policy with this policy? ☐ Yes ☑ No
   (G) Have you had coverage under any other health insurance within the past 63 days? (90-days in WY only) (For example, an employer, union or individual plan) ☐ Yes ☑ No
   (a) If so, with what company and what kind of policy? _____
   (b) What are your dates of coverage under the other policy? If you are still covered under the other policy, leave "END" blank. Start date _____ End Date _____

(Application continued on reverse side)

IF THE ANSWER TO ANY PART OF QUESTION 3 THROUGH 7 IS "YES," COVERAGE IS NOT AVAILABLE. IF ELIGIBLE FOR OPEN ENROLLMENT OR 63-DAY (90 DAYS IN WY ONLY) GUARANTEE ISSUE, DO NOT ANSWER QUESTIONS 3 THROUGH 9.

3. In the past 5 years, has the Proposed Insured had or been medically diagnosed with or treated for:
   (a) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)? ❑ Yes ❑ No
   (b) any lipidosis, including Gaucher's or Tay-Sachs or Wolman's? ❑ Yes ❑ No
4. In the past year, has the Proposed Insured had or been:
   (a) confined to a hospital 2 or more times or to a nursing facility, or receiving home health care or assistance with normal activities of daily living, such as dressing, bathing, eating, transferring or toileting? ❑ Yes ❑ No
   (b) confined to a wheelchair or require the use of a wheelchair or motorized mobility aid due to a medical condition or on the advice of a physician? ❑ Yes ❑ No
   (c) medically advised to have surgery or treatment or hospital/nursing facility confinement and not done so? ❑ Yes ❑ No
   (d) any heart or circulatory surgery? ❑ Yes ❑ No
5. In the last 3 years, has the Proposed Insured had, been medically diagnosed with, or treated for:
   (a) heart attack, stroke of any kind, congestive heart failure, or amputation due to disease? ❑ Yes ❑ No
   (b) cirrhosis, liver disease, or hepatitis (excluding Type A)? ❑ Yes ❑ No
6. In the past 5 years, has the Proposed Insured had, been medically diagnosed with, or treated for:
   (a) emphysema, chronic obstructive pulmonary disease (COPD), chronic bronchitis, or used supplemental oxygen? ❑ Yes ❑ No
   (b) internal cancer, leukemia, malignant melanoma, Hodgkin's disease, kidney/renal failure or insufficiency, chronic kidney disease, or been advised to have or had dialysis? ❑ Yes ❑ No
   (c) Alzheimer's disease, dementia, organic brain syndrome, schizophrenia or delusional or psychotic disorder, alcoholism or drug addiction, or diabetes requiring insulin? ❑ Yes ❑ No
   (d) Parkinson's or Huntington's disease, multiple sclerosis, muscular dystrophy, Lou Gehrig's disease (ALS), systemic lupus, or sickle cell anemia? ❑ Yes ❑ No
   (e) testing or surgery for the transplanting of any organ or tissue (excluding corneal transplants)? ❑ Yes ❑ No
7. Has the proposed Insured used any tobacco products in the last 3 years? ❑ Yes ❑ No
8. List all prescription drugs the Proposed Insured is currently taking or has been medically advised to take:
   (If "None," so state; if additional space is needed attach separate page and have Proposed Insured sign and date.)

Medication	Amount	Condition for Which Prescribed	Currently Taking?
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No

9. Please provide complete name, address and telephone number of the Proposed Insured's primary care physician:
   Physician's name: _____ Telephone number _____
   Physician's address: _____

HOUSEHOLD DISCOUNT* INFORMATION—PLEASE ANSWER BOTH QUESTIONS 10 AND 11 IN THIS SECTION.

10. The Proposed Insured has continuously resided with another person for the last 12 months and the other person is also applying for this coverage. ☑ Yes ❑ No
    If "yes" please complete the information regarding relationship to applicant below
11. The Proposed Insured has continuously resided with another person for the last 12 months and the other person has an existing Medicare Supplement policy with Bankers Fidelity Life Insurance Company. ❑ Yes ☑ No
    If "yes" please complete the information regarding relationship to the Proposed Insured below.
12. Name: Jane D. Doe
    Relationship to Applicant: Spouse
    ☑ Application Pending or Existing Policy Number: _____

* If the Proposed Insured does not qualify for the Household Discount, the full modal premium will be required.

(Application continued)

13. **NOTICE TO THE PROPOSED INSURED:** (a) You do not need more than one Medicare supplement policy. (b) If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages. (c) You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy. (d) If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension. (e) If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension. (f) Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

14. I, the undersigned Applicant, hereby apply to Bankers Fidelity Life Insurance Company for a policy to be issued solely and entirely in reliance on my written answers to the above questions. I represent that the answers given are, to the best of my knowledge and belief, true. **I agree the policy shall not be effective unless it has actually been issued, received by the Owner and the first premium paid and honored upon first presentation, all during the Proposed Insured's lifetime and before any change in the Proposed Insured's health as stated herein.** I have received an outline of coverage and a "*Guide To Health Insurance For People With Medicare.*"

The undersigned Applicant and/or Proposed Insured and agent state that the Applicant and/or Proposed Insured have read or had read to him the completed application and that the Applicant and/or Proposed Insured realize that any false statement or material misrepresentation in the application may result in loss of coverage under the policy(ies), subject to the "Incontestability" and/or "Time Limit On Certain Defenses" provision of the policy.

CAUTION: If the answers on this application are materially incorrect or untrue, Bankers Fidelity Life Insurance Company may have the right to deny benefits or contest your policy, subject to the "Time Limit On Certain Defenses" provision of the Policy.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which is a crime and could subject such person to criminal and civil penalties.

Dated at City ST (City and State), on 05-01-10 (Month, Day, Year) X John D Doe (Proposed Insured's signature. Please read item 14 before signing.)

X Jo Agent (Agent's signature) 00001 (Agent's number) X _____ (Applicant's signature, if not Proposed Insured)

WRITING AGENT COMPLETE

Is any of this insurance being purchased to replace or change any existing insurance? ..... ❑ Yes ☑ No
Complete Replacement Notice(s) as required.

I have sold the following health insurance policies to the Proposed Insured which are still in force: none

I have sold the following health insurance policies to the Proposed Insured within the past 5 years which are no longer in force: none

I, the undersigned agent, certify that: (1) I have personally interviewed the Proposed Insured; (2) I have accurately recorded the information supplied by the Applicant and/or Proposed Insured; and (3) I have given the Applicant and/or Proposed Insured an outline of coverage for the policy applied for and a "Guide To Health Insurance For People With Medicare."

I certify that to the best of my knowledge and belief the Medicare Supplement coverage applied for herein does not duplicate coverage the Proposed Insured currently has in force.

Is the Proposed Insured related to you? ❑ Yes ☑ No If "Yes," explain relationship: ❑ Self ❑ _____
If "Yes," the co-signature of an independent third party is required.

I certify that I have independently verified the Proposed Insureds identity as required by the USA Patriot Act (PL107-56) by viewing or through a U.S. Federal or state government-issued **photo I.D.**:

☑ Drivers License — State ST — DL# 0000001
❑ Passport — #
❑ Government-issued I.D. card — Type / #
❑ Other Photo I.D. — Type / #

Dated at City ST (City and State), on 05-01-10 (Month, Day, Year)

X Joe Agent (Agent's signature) 00001 (Agent's number)

X _____ (Co-signature (if required))

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P. O. Box 105185, Atlanta, GA 30348-5146

APPLICATION FOR INSURANCE
STANDARD UNDERWRITING CLASS

PLEASE PRINT

Agent/Broker Name	Agent #
Joe Agent	00001

Proposed Insured	Social Security No.	Sex	Place (State) of Birth	Age	Born Mo.	Born Day	Born Yr.	Height Ft.	Height In.	Weight Lbs.
John D. Doe	000000001	m	GA	65	01	01	45	6	2	180

Residence Address (Street or Route & Box No.)	City	County	State	Zip Code
#1 Main Street	City	Co	ST	00000-0001

Telephone Number (123) 456 7890 | Best Time to Call: 8 ☐ AM ☐ PM | Proposed Insured E-mail Address: johndoe@email.com | Mail Policy To: ☑ Insured ☐ Agent

PRINT—To whom should premium notices be sent? ☑ Same address as Proposed Insured, or:

Payor name _____ Phone number ( )

Complete Address: _____

SELECT THE COVERAGE YOU WANT BY CHECKING THE APPROPRIATE BOXES BELOW

MEDICARE SUPPLEMENT PLANS*: ☐ A ☐ F ☐ High Deductible F ☑ G ☐ K

*Some plans not available in all states. Refer to rate sheet for availability.

Open Enrollment:

(a) Is the Proposed Insured eligible for coverage under the "Open Enrollment" period (the six month period beginning with the first month in which the Proposed Insured is both age 65 or older and enrolled in Medicare Part B)? ☐ Yes ☐ No

(b) Is the Proposed Insured eligible for coverage under the 63-day (90-day in WY only) "guarantee issue" period? If "Yes," proof must be submitted. ☐ Yes ☐ No

REQUESTED EFFECTIVE DATE: 06-01-10

PREMIUM MODE:
- ☐ Annual (MBD x 12)
- ☐ Semi-Annual (MBD x 6)
- ☐ Quarterly (MBD x 3)
- ☐ Monthly Direct (MBD + $2.00)
- ☑ Monthly Bank Draft*
- ☐ Monthly Credit Card*

*Requested Draft Date _____

BILLING TYPE:
- ☐ Individual ☑ Family*

*Complete Family Billing Form B 0129 FB/LB

MODAL PREMIUMS - choose one column:

	with Household Discount	without Household Discount
Monthly Bank Draft Premium	$ XXX.XX	$
5% Household Discount *if qualified*	x .95	N/A
equals Monthly Bank or Credit Card Premium	= $ XXX.XX	$
Other Modes: EITHER *multiply* by modal factor	x —	
OR if Monthly Direct Bill *add* $2 service fee	+ $ —	$
Total Intial Premium Due	= $ XXX.XX	$

* If the Proposed Insured does not qualify for the Household Discount, the full modal premium will be required.

☑ Draft initial premium:** ☐ Check/money order included. ☐ Charge credit card for initial premium.

**Initial Draft Date _____

INSURANCE INFORMATION

1. (a) Medicare claim number 000-00-00001-00 *(Record full, complete number from Medicare card.)*

(b) Is the Proposed Insured covered under Medicare Part A? ☑ Yes ☐ No **If "Yes," effective date** 01-01-10

(c) Is the Proposed Insured covered under Medicare Part B? ☑ Yes ☐ No **If "Yes," effective date** 01-01-10

(d) Is the Proposed Insured covered under Social Security Disability? ☐ Yes ☑ No **If "Yes," effective date** _____

2. If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application. PLEASE ANSWER ALL QUESTIONS. Please mark Yes or No below with an "X".

(A) Did you turn age 65 in the last 6 months? ☑ Yes ☐ No

(B) Did you enroll in Medicare Part B in the last 6 months? ☑ Yes ☐ No

(C) If yes, what is the effective date? 01-01-10

(D) Are you covered for medical assistance through the state Medicaid program? (NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer "NO" to this question.) ☐ Yes ☑ No

(a) If yes, will Medicaid pay your premiums for this Medicare supplement policy? ☐ Yes ☑ No

(b) Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium? ☐ Yes ☑ No

(E) If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank. Start date _____ End Date _____

(a) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy? ☐ Yes ☑ No

(b) Was this your first time in this type of Medicare plan? ☐ Yes ☑ No

(c) Did you drop a Medicare supplement policy to enroll in the Medicare plan? ☐ Yes ☑ No

(F) Do you have another Medicare supplement policy in force? ☐ Yes ☑ No

(a) If so, with what company, and what plan do you have? _____

(b) If so, do you intend to replace your current Medicare supplement policy with this policy? ☐ Yes ☑ No

(G) Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union or individual plan) ☐ Yes ☑ No

(a) If so, with what company and what kind of policy? _____

(b) What are your dates of coverage under the other policy? If you are still covered under the other policy, leave "END" blank. Start date _____ End Date _____

(Application continued on reverse side)

IF THE ANSWER TO ANY PART OF QUESTION 3 THROUGH 5 IS "YES," COVERAGE IS NOT AVAILABLE. IF ELIGIBLE FOR OPEN ENROLLMENT OR 63-DAY (90 DAY IN WY ONLY) GUARANTEE ISSUE, DO NOT ANSWER QUESTIONS 3 THROUGH 7.

3. In the past 5 years, has the Proposed Insured had or been medically diagnosed with or treated for:
   (a) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)? ..... ❑ Yes ❑ No
   (b) any lipidosis, including Gaucher's or Tay-Sachs or Wolman's? ..... ❑ Yes ❑ No
4. In the past year, has the Proposed Insured had or been:
   (a) confined to a hospital 3 or more times or to a nursing facility or receiving home health care or assistance with normal activities of daily living, such as dressing, bathing, eating, transferring, or toileting? ..... ❑ Yes ❑ No
   (b) confined to a wheelchair or require the use of a wheelchair or motorized mobility aid due to a medical condition or on the advice of a physician? ..... ❑ Yes ❑ No
   (c) medically advised to have surgery or treatment or hospital/nursing facility confinement and not done so? ..... ❑ Yes ❑ No
   (d) any heart or circulatory surgery? ..... ❑ Yes ❑ No
5. In the last 3 years, has the Proposed Insured had, been medically diagnosed with, or treated for:
   (a) heart attack, stroke (excluding transient ischemic attack (TIA) or mini stroke), congestive heart failure, or amputation due to disease? ..... ❑ Yes ❑ No
   (b) emphysema, chronic obstructive pulmonary disease (COPD), chronic bronchitis, or used supplemental oxygen? ..... ❑ Yes ❑ No
   (c) cirrhosis, liver disease, hepatitis (excluding Type A), kidney/renal failure or insufficiency, chronic kidney disease, or been advised to have or had dialysis? ..... ❑ Yes ❑ No
   (d) internal cancer, leukemia, malignant melanoma, or Hodgkin's disease? ..... ❑ Yes ❑ No
   (e) Alzheimer's disease, dementia, organic brain syndrome, schizophrenia or delusional or psychotic disorder, alcoholism or drug addiction? ..... ❑ Yes ❑ No
   (f) Parkinson's or Huntington's disease, multiple sclerosis, muscular dystrophy, Lou Gehrig's disease (ALS), systemic lupus, or sickle cell anemia? ..... ❑ Yes ❑ No
   (g) diabetic coma, insulin shock or are you taking 70 or more units of insulin daily? ..... ❑ Yes ❑ No
   (h) testing or surgery for the transplanting of any organ or tissue (excluding corneal transplants)? ..... ❑ Yes ❑ No
6. List all prescription drugs the Proposed Insured is currently taking or has been medically advised to take:
   (If "None," so state; if additional space is needed attach separate page and have Proposed Insured sign and date.)

Medication	Amount	Condition for Which Prescribed	Currently Taking?
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No

7. Please provide complete name, address and telephone number of the Proposed Insured's primary care physician:

   Physician's name: _____ Telephone number _____

   Physician's address: _____

HOUSEHOLD DISCOUNT* INFORMATION—PLEASE ANSWER BOTH QUESTIONS 8 AND 9 IN THIS SECTION.

8. The Proposed Insured has continuously resided with another person for the last 12 months and the other person is also applying for this coverage. ..... ☑ Yes ❑ No
   If "yes" please complete the information regarding relationship to applicant below
9. The Proposed Insured has continuously resided with another person for the last 12 months and the other person has an existing Medicare Supplement policy with Bankers Fidelity Life Insurance Company ..... ❑ Yes ☑ No
   If "yes" please complete the information regarding relationship to the Proposed Insured below.
10. Name: Jane D. Doe

    Relationship to Applicant: Spouse

    ☑ Application Pending or Existing Policy Number: _____

    * If the Proposed Insured does not qualify for the Household Discount, the full modal premium will be required.

(Application continued)

11. **NOTICE TO THE PROPOSED INSURED:** (a) You do not need more than one Medicare supplement policy. (b) If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages. (c) You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy. (d) If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension. (e) If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension. (f) Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).
12. I, the undersigned Applicant, hereby apply to Bankers Fidelity Life Insurance Company for a policy to be issued solely and entirely in reliance on my written answers to the above questions. I represent that the answers given are, to the best of my knowledge and belief, true. **I agree the policy shall not be effective unless it has actually been issued, received by the Owner and the first premium paid and honored upon first presentation, all during the Proposed Insured's lifetime and before any change in the Proposed Insured's health as stated herein.** I have received an outline of coverage and a "*Guide To Health Insurance For People With Medicare.*"

The undersigned Applicant and/or Proposed Insured and agent state that the Applicant and/or Proposed Insured have read or had read to him the completed application and that the Applicant and/or Proposed Insured realize that any false statement or material misrepresentation in the application may result in loss of coverage under the policy(ies), subject to the "Incontestability" and/or "Time Limit On Certain Defenses" provision of the policy.

CAUTION: If the answers on this application are materially incorrect or untrue, Bankers Fidelity Life Insurance Company may have the right to deny benefits or contest your policy, subject to the "Time Limit On Certain Defenses" provision of the Policy.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which is a crime and could subject such person to criminal and civil penalties.

Dated at City ST (City and State), on 05-01-10 (Month, Day, Year)

X [signature] (Proposed Insured's signature. Please read item 12 before signing.)

X [signature] (Agent's signature)

00001 (Agent's number)

X _____ (Applicant's signature, if not Proposed Insured)

WRITING AGENT COMPLETE

Is any of this insurance being purchased to replace or change any existing insurance? ..... ❑ Yes ☑ No
Complete Replacement Notice(s) as required.

I have sold the following health insurance policies to the Proposed Insured which are still in force: none

I have sold the following health insurance policies to the Proposed Insured within the past 5 years which are no longer in force: none

I, the undersigned agent, certify that: (1) I have personally interviewed the Proposed Insured; (2) I have accurately recorded the information supplied by the Applicant and/or Proposed Insured; and (3) I have given the Applicant and/or Proposed Insured an outline of coverage for the policy applied for and a "Guide To Health Insurance For People With Medicare."

I certify that to the best of my knowledge and belief the Medicare Supplement coverage applied for herein does not duplicate coverage the Proposed Insured currently has in force.

Is the Proposed Insured related to you? ❑ Yes ☑ No If "Yes," explain relationship: ❑ Self ❑ _____
If "Yes," the co-signature of an independent third party is required.

I certify that I have independently verified the Proposed Insureds identity as required by the USA Patriot Act (PL107-56) by viewing or through a U.S. Federal or state government-issued **photo I.D.**:

☑ Drivers License	❑ Passport	❑ Government-issued I.D. card	❑ Other Photo I.D.
State ST	#	Type	Type
DL# 0000001		#	#

Dated at City ST (City and State), on 05-01-10 (Month, Day, Year)

X Joe Agent 00001
Agent's signature — Agent's number

X _____
Co-signature (if required)

SERFF Tracking Number:	*BFLI-126469285*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*44915*
Company Tracking Number:	*AR B 21092 A*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Product*		
Project Name/Number:	*/*		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Accepted for Informational Purposes	03/23/2010

Comments:

Attachments:

Certificate of Compliance B 20192.pdf

Guaranty Association.pdf

Consumer Notice.pdf

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	03/23/2010
Bypass Reason:	Applications that will be used are loaded under the Form Schedule Tab.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved	03/23/2010
Bypass Reason:	Outline of Coverage is loaded under the Forn Schedule Tab.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Accepted for Informational Purposes	03/23/2010

Comments:

Attachment:

B 21092 Statement of Variability.pdf

	Item Status:	Status

SERFF Tracking Number:	*BFLI-126469285*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*44915*
Company Tracking Number:	*AR B 21092 A*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Product*		
Project Name/Number:	*/*		

Satisfied - Item: Replacement Notice — Approved — **Date:** 03/23/2010

Comments:

Bankers Fidelity will continue to utilize Replacement Notice B 0062 RN2006, which was approved by the Department on 01-23-2006, for applicants who indicate they have existing coverage at the time of application.

Attachment:

B 0062 RN2006.pdf

Certificate of Compliance

I, the undersigned, declare that I am an officer, or authorized representative of an officer, of Bankers Fidelity Life Insurance Company, and that I have the authority to bind that organization by my signature. I have reviewed the contents of this filing and all applicable sections of the Arkansas Insurance code, rules and bulletins. I certify that all documents contained herein comply with said code, rules and bulletins, are in final printed format and all terms contained therein appear exactly as they will appear when offered for issuance of delivery in the State of Arkansas.

Sharon A. White

Officer Signature

02-19-2010

Date

Sharon A. White

Print Name of Officer

Vice President, Legal/Compliance

Officer's Title

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are member of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting the insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice.

The Arkansas Life and Health Insurance Guaranty Association
C/o The Liquidation Division
1023 West Capitol, Suite 2
Little Rock, Arkansas 72202

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not):
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of $300,000 – no matter how many policies and contracts there were with the same company, even if they provided different type of coverages. Within this overall $300,000 limit, the Association will not pay more than $300,000 in health insurance benefits, $300,000 in present value of annuity benefits, or $300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a $1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Atlanta, Georgia

The following information is being provided to you in accordance with Act 197 of the Arkansas Department of Insurance Regulations:

Bankers Fidelity Life Insurance Company
Policyholder Service Department
4370 Peachtree Road, N.E.
Atlanta, Georgia 30319
Toll-Free: 866-458-7500
Fax: (404) 926-4033
bflphs@atlam.com

If we at Bankers Fidelity Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Department of Insurance
Consumer Service Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
(510) 371-2640, (800) 852-5494
Fax: (501) 371-2749
insurance.consumers@arkansas.gov

Your Agent:
{Fld0240}
{Fld0241} {Fld0242}
{Fld0243} {Fld0244}
{Fld0245}

This notice is for information only and does not become a part or condition of your policy.

STATEMENT OF VARIABILITY

Policy:	**Page #**	**Description of Variability**
Name	3	Insured's Name
Issue Age	3	Insured's Issued Age
Sex	3	Insured's Sex
Effective Date	3	Date the Insured's coverage becomes effective
Initial Premium	3	Initial Premium paid for policy
Renewal Premiums	3	Renewal Premiums for policy
Optional Rider	3	Will show the rider if it is issued with the policy
Policy Number	3	Unique identifying policy number for the Insured's policy
Issue State	3	State in which policy was issued
Issue Zip Code	3	First 3 digits of Insured's residence zip code

Outline of Coverage (B 21092 OC)	
Premium Rates	Based on approval by DOI each year
Benefit Charts	Deductibles and Co-pays set by Medicare each year

Applications:	
Medicare Supplement Plans selection boxes	Additional plans may be offered or current plans discontinued with DOI approval
Modal Premium Computation	The column, text and lines regarding the Household Premium Discount may be removed if the rider is discontinued at a later date

Bankers Fidelity Life Insurance Company

4370 Peachtree Road, N.E., Atlanta, GA 30319

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to your application, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by Bankers Fidelity Life Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER AND AGENT:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason(s) *(check one)*:

❒ Additional benefits
❒ Fewer benefits and lower premiums
❒ No change in benefits, but lower premiums
❒ Disenrollment from a Medicare Advantage plan
Please explain reason for disenrollment _____
_____
❒ My plan has outpatient prescription drug coverage and I am enrolling in Part D
❒ Other (please specify) _____

If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

DO NOT CANCEL YOUR PRESENT POLICY UNTIL YOU HAVE RECEIVED YOUR NEW POLICY AND ARE SURE YOU WANT TO KEEP IT.

X _____ _____ _____
Agent's signature | Date | Printed Agent's Name

_____
Agent's Address

X _____ _____ _____
Applicant's signature | Date | City, State, & Zip Code | Phone Number

---

Please give us the following information:

EXISTING INSURANCE WHICH MAY BE REPLACED OR CHANGED

Full Name of Insurance Company Including Home Office Location	Policy or Contract Number	Insured

WHITE AND YELLOW COPIES-Sent to Home Office with completed application
PINK COPY-Retained by applicant

SERFF Tracking Number:	*BFLI-126469285*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*44915*
Company Tracking Number:	*AR B 21092 A*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Product*		
Project Name/Number:	*/*		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/19/2010	Form	Medicare Supplement Policy - Plan A	03/23/2010	B 21092 A doe.pdf (Superceded)
02/19/2010	Form	Medicare Supplement Policy - Plan F	03/23/2010	B 21092 F doe.pdf (Superceded)
02/19/2010	Form	Medicare Supplement Policy - High Deductible Plan F	03/23/2010	B 21092 F2 doe.pdf (Superceded)
02/19/2010	Form	Medicare Supplement Policy - Plan G	03/23/2010	B 21092 G doe.pdf (Superceded)
02/19/2010	Form	Medicare Supplement Policy - Plan K	03/23/2010	B 21092 K doe.pdf (Superceded)
02/19/2010	Form	Outline of Coverage	03/23/2010	AR B 21092 OC 06-01-2010.pdf (Superceded)

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN A

Bankers Fidelity Life Insurance Company (hereinafter referred to as "We", "Our", "Us" or the "Company) promises to insure You for the benefits described in this Policy. We make this promise in consideration of the application for this Policy and the payment of the premium.

GUARANTEED RENEWABLE - This Policy is guaranteed renewable for life. We guarantee to renew this Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We cannot cancel this Policy, except for non-payment of premium or as provided under the Time Limit on Certain Defenses provision shown on Page 6.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the premium rates if we change the rates for all policies with the same form number, issue state, geographical area, age and benefits as yours. A minimum of thirty (30) days advance written notice will be given. Your rate may also change if You move from one geographical area to another. A change will apply on the next premium due date after We notify You. Your renewal premium will be computed by the age shown in the application. We will not change Your rates because of a change in Your physical condition or on account of any claims paid under the Policy.

30-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY - It is important to Us that You are satisfied with this Policy and that it meets Your insurance needs. If You are not satisfied You may return it within thirty (30) days of receipt. Return it to Us or to Your agent and You will receive a full refund of any premiums You have paid. This Policy will then be void from its beginning.

READ YOUR POLICY CAREFULLY!

IMPORTANT NOTICE GIVEN PURSUANT TO LAW: Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company within ten (10) days if any information shown on it is not correct and complete or if any past medical history has been left out of the application. The application is part of this Policy, which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. No agent has the authority to change this Policy or waive any of its provisions.

"Notice to buyer: This policy may not fully cover all of your medical costs."

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.

President

INDEX

This policy is a legal contract between you and us.
READ YOUR POLICY CAREFULLY!

Additional benefits or restrictions, if any, follow Page 9.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P.O. Box 105185, Atlanta, Georgia 30348-5185

For inquiries or to make a complaint, please contact the Policyholder Service Department at:
Direct (404) 266-5730; Toll-free (866) 458-7500; email bfphs@atlam.com

POLICY SPECIFICATIONS PAGE
Medicare Supplement Insurance Policy - Plan A

Policy Form B 21092 A

Covered Person

Name:	Issue Age:	Sex:	Effective Date:
[JOHN D DOE]	[65]	[M]	[06-01-2010]

Premiums

Initial Premium:	$[0,000.00]			
Renewal Premium*:	Annual:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[0,000.00]	$[000.00]	$[000.00]	$[00.00]

*The Renewal Premium is subject to change as stated on the front of this Policy.

Policy Identification

Policy Number: 005-[2100600001]

Issue State: [ST]

Issue Zip Code: [123]

Optional Rider (if any): [HOUSEHOLD PREMIUM DISCOUNT]

THE POLICY SPECIFICATIONS PAGE IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

DEFINITIONS

When we use the following words this is what we mean:

BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

CALENDAR YEAR - a period of one (1) year which starts on January 1 and ends on December 31.

COINSURANCE AMOUNTS - the portion of Medicare-approved expense You are obligated to pay, excluding the Medicare deductibles.

CONFINED OR CONFINEMENT - assigned to a bed in a hospital on the advice of a physician. A charge for room and board must be made.

COVERED INJURY - accidental bodily injury sustained by the insured which is the direct result of an accident, independent of any disease, bodily infirmity or any other cause and occurs while this Policy is in force. Covered Injuries do not include injuries for which benefits are provided or are available under any workers' compensation, employer's liability or similar law, or motor vehicle no fault plan, unless prohibited by law.

COVERED SICKNESS - illness or disease of the insured which manifests itself after the effective date of the policy and while this Policy is in force. Covered Sicknesses do not include sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar law.

EFFECTIVE DATE - The original date Your coverage begins as shown on Page 3. It starts at 12:01 a.m., Standard Time, at your residence. It ends at 12:01 a.m., Standard Time, on the date any premium is due. Each renewal premium is due at the end of the term for which a premium has been paid.

HOSPITAL - shall have the same definition as provided in the Medicare program.

INSURED - the person for whom benefits are provided under this policy. This person is named on Page 3.

LIFETIME RESERVE CO PAYMENT AMOUNT - the fixed amount per day Medicare does not pay during the sixty (60) lifetime reserve days Medicare allows. It is set each year by Medicare.

MEDICARE - the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965 as Then Constituted or Later Amended.

MEDICARE BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

MEDICARE ELIGIBLE EXPENSES - expenses of the kinds covered by Medicare Part A and B, to the extent recognized as reasonable and medically necessary by Medicare.

POLICY ANNIVERSARY DATE – the day and month of each year coinciding with the date and month of the year in which Your Policy was issued.

DEFINITIONS, *continued*

PART A DEDUCTIBLE - the initial amount not covered by Medicare during the first sixty (60) days in a benefit period.

PART B DEDUCTIBLE - the initial amount not covered by Medicare for Part B eligible expenses in a Calendar Year.

PHYSICIAN - shall have the same definition as provided in the Medicare program.

POLICY and/or CONTRACT - the policy, any endorsement thereon, and a copy of your original application constitute the entire contract between you and us.

YOU, YOUR, OR YOURS - the person for whom benefits are provided under this policy. This person is named as the Insured on Page 3.

SUSPENSION OF BENEFITS AND PREMIUM

1. The benefits and premiums under the policy shall be suspended at the request of the policyholder for the period (not to exceed 24 months) in which the policyholder has applied for and is determined to be entitled to Medical Assistance under Title XIX of the Social Security Act (42 U.S.C.A. §§ 1396--1396u), but only if the policyholder notifies the issuer of the policy within 90 days after the date the individual becomes entitled to this assistance.
2. If a suspension occurs and if the policyholder loses entitlement to Medical Assistance, the policy shall be automatically reinstituted (effective as of the date of termination of the entitlement) as of the termination of the entitlement if the policyholder provides notice of loss of the entitlement within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of the entitlement.
3. The benefits and premiums under the policy shall be suspended at the request of the policyholder if the policyholder is entitled to benefits under section 226(b) of the Social Security Act (42 U.S.C.A. § 426(b)) and is covered under a group health plan (as defined in section 1862 (b)(1)(A)(v) of the Social Security Act (42 U.S.C.A. § 1395y(b)(1)(A)(v)). If suspension occurs and if the policyholder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.
4. Reinstitution of these coverages as described in clauses 2 and 3:
   A. May not provide for a waiting period with respect to treatment of preexisting conditions.
   B. Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of the suspension. If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstitution of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension.
   C. Shall provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder if the coverage had not been suspended.

GENERAL PROVISIONS

ENTIRE CONTRACT: CHANGES - This Policy, the applications and any endorsements or papers is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our executive officers. This approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions. Any rider, endorsement or application which modifies, limits or excludes coverage under this Policy must be accepted by You in writing to be effective (unless required by state or federal law). No statement shall be used in defense of a claim under the Policy unless it is contained in a written application that is endorsed upon or attached to the policy when issued or delivered. All statements made by the Insured shall, in the absence of fraud, be deemed representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES – (a) No misstatements made by You in the application for this Policy, attached hereto, shall be used to void this Policy or to deny a claim for loss or disability incurred after two (2) years from the Effective Date of this Policy; and (b) no claim for loss incurred commencing after the Effective Date of this Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of this Policy.

GRACE PERIOD - This Policy has a thirty-one (31)-day grace period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the grace period this Policy will stay in force. Your premium payment must be received in Our home office within the thirty-one (31)-day period. This thirty-one (31)-day Grace Period does not apply to the first premium payment. The first premium payment must be paid when your policy is delivered.

REINSTATEMENT - If the renewal premium is not paid before the grace period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for the reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approved date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval. The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIMS - Written notice of claim must be given within twenty (20) days after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at 4370 Peachtree Road NE, Atlanta, GA 30319, or to any one of Our authorized agents. The notice should include Your name and the number of the Policy.

CLAIM FORMS - When We receive notice of claim, We will send You forms for filing proof of loss, if these forms are not given to You within ten (10) days, You can meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS - Written proof of loss must be given to Us within ninety (90) days after We send You the claim forms. If it was not reasonably possible for You to give Us proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this policy will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIM - All benefits will be paid to you, or your assignee. Any benefits unpaid at your death may be paid to your estate. If benefits are payable to your estate, we may pay up to $1,000 to any relative of yours who we find is entitled to them. Any payment made in good faith will fully discharge us to the extent of the payment. We may pay all or a portion of any indemnities provided for health care services to the provider, unless you direct us otherwise in writing by the time proofs of loss are filed. We cannot require that the services be rendered by a particular provider.

PHYSICAL EXAMINATION AND AUTOPSY - We, at our own expense, have the right to have you examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

NOTICE; WAIVER - Furnishing forms for filing Proof Of Loss, receipt of Notice Of Claim or investigation of any claim shall not waive any of Our rights in defense of any such claim.

LEGAL ACTION - No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

EXTENSION OF BENEFITS - Termination of this policy shall be without prejudice to any continuous loss which commenced while this policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Any premium due and unpaid shall be deducted from the claim payment.

ADDITIONAL PROVISIONS

MISSTATEMENT OF AGE - If your age has been misstated, all amounts payable under this policy shall be such as the premium would have purchased at the correct age.

CONFORMITY WITH STATE STATUTES - Any provision of this policy which, on its effective date, is in conflict with the laws of the State in which it was delivered on that date is amended to conform to the minimum requirements of such laws.

UNPAID PREMIUM - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

PREMIUM PAYMENT - Renewal premiums are payable to us. The payment of any premium shall not continue this policy in force beyond the next premium due date, except as provided in the Grace Period provision.

PREMIUM REFUND AT DEATH - We will refund that part of any premium paid which covers a period beyond the date of Your death.

ASSIGNMENT - No Assignment of interest in this Policy will be binding on Us unless it is received by Us in Our home office. We are not responsible for the validity of any Assignment.

PARTICIPATION – This Policy is non-participating, it does not participate in Our profits or surplus earnings.

OTHER INSURANCE WITH US - You may have only one (1) Medicare Supplement policy with us. If, through an error, we issue more than one (1) policy, you may select which policy will remain in force. We will refund the money you paid on any other policy, minus any claims paid.

BENEFITS - PLAN A

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;
3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept the issuer's payment as payment in full and may not bill the Insured for any balance;
4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations; and
5. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible;
6. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

Benefits designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment or coinsurance amount.

THE POLICY PAGE 8 IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

THE BACK COVER OF THE POLICY IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN A

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN F

Bankers Fidelity Life Insurance Company (hereinafter referred to as "We", "Our", "Us" or the "Company) promises to insure You for the benefits described in this Policy. We make this promise in consideration of the application for this Policy and the payment of the premium.

GUARANTEED RENEWABLE - This Policy is guaranteed renewable for life. We guarantee to renew this Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We cannot cancel this Policy, except for non-payment of premium or as provided under the Time Limit on Certain Defenses provision shown on Page 6.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the rate if we change the rates for all policies with the same form number, issue state, geographical area, age and benefits as yours. A minimum of thirty (30) days advance written notice will be given. Your rate may also change if You move from one geographical area to another. A change will apply on the next premium due date after We notify You. Your renewal premium will be computed by the age shown in the application. We will not change Your rates because of a change in Your physical condition or on account of any claims paid under the Policy.

30-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY - It is important to Us that You are satisfied with this Policy and that it meets Your insurance needs. If You are not satisfied You may return it within thirty (30) days of receipt. Return it to Us or to Your agent and You will receive a full refund of any premiums You have paid. This Policy will then be void from its beginning.

READ YOUR POLICY CAREFULLY!

IMPORTANT NOTICE GIVEN PURSUANT TO LAW: Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company within ten (10) days if any information shown on it is not correct and complete or if any past medical history has been left out of the application. The application is part of this Policy, which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. No agent has the authority to change this Policy or waive any of its provisions.

"Notice to buyer: This policy may not fully cover all of your medical costs."

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.

President

INDEX

This policy is a legal contract between you and us.
READ YOUR POLICY CAREFULLY!

Additional benefits or restrictions, if any, follow Page 9.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P.O. Box 105185, Atlanta, Georgia 30348-5185

For inquiries or to make a complaint, please contact the Policyholder Service Department at:
Direct (404) 266-5730; Toll-free (866) 458-7500; email bfphs@atlam.com

POLICY SPECIFICATIONS PAGE
Medicare Supplement Insurance Policy – Plan F

Policy Form B 21092 F

Covered Person

Name:	Issue Age:	Sex:	Effective Date:
[JOHN D DOE]	[65]	[M]	[06-01-2010]

Premiums

Initial Premium:	$[0,000.00]			
Renewal Premium*:	Annual:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[0,000.00]	$[000.00]	$[000.00]	$[00.00]

*The Renewal Premium is subject to change as stated on the front of this Policy.

Policy Identification

Policy Number: 005-[2100600001]

Issue State: [ST]

Issue Zip Code: [123]

Optional Rider (if any): [HOUSEHOLD PREMIUM DISCOUNT]

THE POLICY SPECIFICATIONS PAGE IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

DEFINITIONS

When we use the following words this is what we mean:

BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

CALENDAR YEAR - a period of one (1) year which starts on January 1 and ends on December 31.

COINSURANCE AMOUNTS - the portion of Medicare-approved expense You are obligated to pay, excluding the Medicare deductibles.

CONFINED OR CONFINEMENT - assigned to a bed in a hospital on the advice of a physician. A charge for room and board must be made.

COVERED INJURY - accidental bodily injury sustained by the insured which is the direct result of an accident, independent of any disease, bodily infirmity or any other cause and occurs while this Policy is in force. Covered Injuries do not include injuries for which benefits are provided or are available under any workers' compensation, employer's liability or similar law, or motor vehicle no fault plan, unless prohibited by law.

COVERED SICKNESS - illness or disease of the insured which manifests itself after the effective date of the policy and while this Policy is in force. Covered Sicknesses do not include sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar law.

EFFECTIVE DATE - The original date Your coverage begins as shown on Page 3. It starts at 12:01 a.m., Standard Time, at your residence. It ends at 12:01 a.m., Standard Time, on the date any premium is due. Each renewal premium is due at the end of the term for which a premium has been paid.

HOSPITAL - shall have the same definition as provided in the Medicare program.

INSURED - the person for whom benefits are provided under this policy. This person is named on Page 3.

LIFETIME RESERVE CO PAYMENT AMOUNT - the fixed amount per day Medicare does not pay during the sixty (60) lifetime reserve days Medicare allows. It is set each year by Medicare.

MEDICARE - the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965 as Then Constituted or Later Amended.

MEDICARE BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

MEDICARE ELIGIBLE EXPENSES - expenses of the kinds covered by Medicare Part A and B, to the extent recognized as reasonable and medically necessary by Medicare.

POLICY ANNIVERSARY DATE – the day and month of each year coinciding with the date and month of the year in which Your Policy was issued.

DEFINITIONS, *continued*

PART A DEDUCTIBLE - the initial amount not covered by Medicare during the first sixty (60) days in a benefit period.

PART B DEDUCTIBLE - the initial amount not covered by Medicare for Part B eligible expenses in a Calendar Year.

PHYSICIAN - shall have the same definition as provided in the Medicare program.

POLICY and/or CONTRACT - the policy, any endorsement thereon, and a copy of your original application constitute the entire contract between you and us.

YOU, YOUR, OR YOURS - the person for whom benefits are provided under this policy. This person is named as the Insured on Page 3.

SUSPENSION OF BENEFITS AND PREMIUM

1. The benefits and premiums under the policy shall be suspended at the request of the policyholder for the period (not to exceed 24 months) in which the policyholder has applied for and is determined to be entitled to Medical Assistance under Title XIX of the Social Security Act (42 U.S.C.A. §§ 1396--1396u), but only if the policyholder notifies the issuer of the policy within 90 days after the date the individual becomes entitled to this assistance.
2. If a suspension occurs and if the policyholder loses entitlement to Medical Assistance, the policy shall be automatically reinstituted (effective as of the date of termination of the entitlement) as of the termination of the entitlement if the policyholder provides notice of loss of the entitlement within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of the entitlement.
3. The benefits and premiums under the policy shall be suspended at the request of the policyholder if the policyholder is entitled to benefits under section 226(b) of the Social Security Act (42 U.S.C.A. § 426(b)) and is covered under a group health plan (as defined in section 1862 (b)(1)(A)(v) of the Social Security Act (42 U.S.C.A. § 1395y(b)(1)(A)(v)). If suspension occurs and if the policyholder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.
4. Reinstitution of these coverages as described in clauses 2 and 3:
   A. May not provide for a waiting period with respect to treatment of preexisting conditions.
   B. Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of the suspension. If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstitution of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension.
   C. Shall provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder if the coverage had not been suspended.

GENERAL PROVISIONS

ENTIRE CONTRACT: CHANGES - This Policy, the applications and any endorsements or papers is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our executive officers. This approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions. Any rider, endorsement or application which modifies, limits or excludes coverage under this Policy must be accepted by You in writing to be effective (unless required by state or federal law). No statement shall be used in defense of a claim under the Policy unless it is contained in a written application that is endorsed upon or attached to the policy when issued or delivered. All statements made by the Insured shall, in the absence of fraud, be deemed representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES – (a) No misstatements made by You in the application for this Policy, attached hereto, shall be used to void this Policy or to deny a claim for loss or disability incurred after two (2) years from the Effective Date of this Policy; and (b) no claim for loss incurred commencing after the Effective Date of this Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of this Policy.

GRACE PERIOD - This Policy has a thirty-one (31)-day grace period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the grace period this Policy will stay in force. Your premium payment must be received in Our home office within the thirty-one (31)-day period. This thirty-one (31)-day Grace Period does not apply to the first premium payment. The first premium payment must be paid when your policy is delivered.

REINSTATEMENT - If the renewal premium is not paid before the grace period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for the reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approved date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval. The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIMS - Written notice of claim must be given within twenty (20) days after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at 4370 Peachtree Road NE, Atlanta, GA 30319, or to any one of Our authorized agents. The notice should include Your name and the number of the Policy.

CLAIM FORMS - When We receive notice of claim, We will send You forms for filing proof of loss, if these forms are not given to You within ten (10) days, You can meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS - Written proof of loss must be given to Us within ninety (90) days after We send You the claim forms. If it was not reasonably possible for You to give Us proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this policy will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIM - All benefits will be paid to you, or your assignee. Any benefits unpaid at your death may be paid to your estate. If benefits are payable to your estate, we may pay up to $1,000 to any relative of yours who we find is entitled to them. Any payment made in good faith will fully discharge us to the extent of the payment. We may pay all or a portion of any indemnities provided for health care services to the provider, unless you direct us otherwise in writing by the time proofs of loss are filed. We cannot require that the services be rendered by a particular provider.

PHYSICAL EXAMINATION AND AUTOPSY - We, at our own expense, have the right to have you examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

NOTICE; WAIVER - Furnishing forms for filing Proof Of Loss, receipt of Notice Of Claim or investigation of any claim shall not waive any of Our rights in defense of any such claim.

LEGAL ACTION - No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

EXTENSION OF BENEFITS - Termination of this policy shall be without prejudice to any continuous loss which commenced while this policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Any premium due and unpaid shall be deducted from the claim payment.

ADDITIONAL PROVISIONS

MISSTATEMENT OF AGE - If your age has been misstated, all amounts payable under this policy shall be such as the premium would have purchased at the correct age.

CONFORMITY WITH STATE STATUTES - Any provision of this policy which, on its effective date, is in conflict with the laws of the State in which it was delivered on that date is amended to conform to the minimum requirements of such laws.

UNPAID PREMIUM - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

PREMIUM PAYMENT - Renewal premiums are payable to us. The payment of any premium shall not continue this policy in force beyond the next premium due date, except as provided in the Grace Period provision.

PREMIUM REFUND AT DEATH - We will refund that part of any premium paid which covers a period beyond the date of Your death.

ASSIGNMENT - No Assignment of interest in this Policy will be binding on Us unless it is received by Us in Our home office. We are not responsible for the validity of any Assignment.

PARTICIPATION – This Policy is non-participating, it does not participate in Our profits or surplus earnings.

OTHER INSURANCE WITH US - You may have only one (1) Medicare Supplement policy with us. If, through an error, we issue more than one (1) policy, you may select which policy will remain in force. We will refund the money you paid on any other policy, minus any claims paid.

BENEFITS - PLAN F

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;
3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept the issuer's payment as payment in full and may not bill the Insured for any balance;
4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations; and
5. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible;
6. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses;
7. Coverage for one hundred percent (100%) of the Medicare Part A inpatient hospital deductible amount per benefit period;
8. Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A;
9. Coverage for one hundred percent (100%) of the Medicare Part B deductible amount per calendar year regardless of hospital confinement;
10. Coverage for all of the difference between the actual Medicare Part B charges as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge;
11. Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a calendar year deductible of $250 and a lifetime maximum benefit of $50,000. For purposes of the this benefit, “emergency care” shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

Benefits designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment or coinsurance amount.

THE POLICY PAGE 8 IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

THE BACK COVER OF THE POLICY IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN F

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY
PLAN F WITH HIGH DEDUCTIBLE

Bankers Fidelity Life Insurance Company (hereinafter referred to as "We", "Our", "Us" or the "Company) promises to insure You for the benefits described in this Policy. We make this promise in consideration of the application for this Policy and the payment of the premium.

GUARANTEED RENEWABLE - This Policy is guaranteed renewable for life. We guarantee to renew this Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We cannot cancel this Policy, except for non-payment of premium or as provided under the Time Limit on Certain Defenses provision shown on Page 6.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the rate if we change the rates for all policies with the same form number, issue state, geographical area, age and benefits as yours. A minimum of thirty (30) days advance written notice will be given. Your rate may also change if You move from one geographical area to another. A change will apply on the next premium due date after We notify You. Each premium will be computed by the age shown in the application. We will not change Your rates because of a change in Your physical condition or on account of any claims paid under the Policy.

30-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY - It is important to Us that You are satisfied with this Policy and that it meets Your insurance needs. If You are not satisfied You may return it within thirty (30) days of receipt. Return it to Us or to Your agent and You will receive a full refund of any premiums You have paid. This Policy will then be void from its beginning.

READ YOUR POLICY CAREFULLY!

NOTICE: THIS POLICY CONTAINS AN ANNUAL DEDUCTIBLE WHICH MUST BE MET BEFORE ANY BENEFITS ARE PAYABLE. REFER TO PAGE 4 AND PAGE 8 FOR INFORMATION AND AN EXPLANATION OF HOW THIS DEDUCTIBLE AFFECTS BENEFITS.

IMPORTANT NOTICE GIVEN PURSUANT TO LAW: Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company within ten (10) days if any information shown on it is not correct and complete or if any past medical history has been left out of the application. The application is part of this Policy, which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. No agent has the authority to change this Policy or waive any of its provisions.

"Notice to buyer: This policy may not fully cover all of your medical costs."

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.

President

INDEX

This policy is a legal contract between you and us.
READ YOUR POLICY CAREFULLY!

Additional benefits or restrictions, if any, follow Page 9.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P.O. Box 105185, Atlanta, Georgia 30348-5185

For inquiries or to make a complaint, please contact the Policyholder Service Department at:
Direct (404) 266-5730; Toll-free (866) 458-7500; email bfphs@atlam.com

POLICY SPECIFICATIONS PAGE
Medicare Supplement Insurance Policy – Plan F with High Deductible

Policy Form B 21092 F2

Covered Person

Name:	Issue Age:	Sex:	Effective Date:
[JOHN D DOE]	[65]	[M]	[06-01-2010]

Premiums

Initial Premium: $[0,000.00]

Renewal Premium*:	Annual:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[0,000.00]	$[000.00]	$[000.00]	$[00.00]

*The Renewal Premium is subject to change as stated on the front of this Policy.

Policy Identification

Policy Number: 005-[2100600001]

Issue State: [ST]

Issue Zip Code: [123]

Optional Rider (if any): [HOUSEHOLD PREMIUM DISCOUNT]

THE POLICY SPECIFICATIONS PAGE IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

DEFINITIONS

When we use the following words this is what we mean:

ANNUAL DEDUCTIBLE - out-of-pocket expenses, other than premiums, for services normally covered by this Policy, which shall be in addition to any other specific benefit deductibles. The basis for the deductible shall be $1,500 and shall be adjusted annually from 1999 by the Secretary of the U.S. Department of Health and Human Services to reflect the change in the Consumer Price Index for all urban consumers for the twelve-month period ending with August of the preceding year, and rounded to the nearest multiple of ten dollars ($10).

BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

CALENDAR YEAR - a period of one (1) year which starts on January 1 and ends on December 31.

COINSURANCE AMOUNTS - the portion of Medicare-approved expense You are obligated to pay, excluding the Medicare deductibles.

CONFINED OR CONFINEMENT - assigned to a bed in a hospital on the advice of a physician. A charge for room and board must be made.

COVERED INJURY - accidental bodily injury sustained by the insured which is the direct result of an accident, independent of any disease, bodily infirmity or any other cause and occurs while this Policy is in force. Covered Injuries do not include injuries for which benefits are provided or are available under any workers' compensation, employer's liability or similar law, or motor vehicle no fault plan, unless prohibited by law.

COVERED SICKNESS - illness or disease of the insured which manifests itself after the effective date of the policy and while this Policy is in force. Covered Sicknesses do not include sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar law.

EFFECTIVE DATE - The original date Your coverage begins as shown on Page 3. It starts at 12:01 a.m., Standard Time, at your residence. It ends at 12:01 a.m., Standard Time, on the date any premium is due. Each renewal premium is due at the end of the term for which a premium has been paid.

HOSPITAL - shall have the same definition as provided in the Medicare program.

INSURED - the person for whom benefits are provided under this policy. This person is named on Page 3.

LIFETIME RESERVE CO PAYMENT AMOUNT - the fixed amount per day Medicare does not pay during the sixty (60) lifetime reserve days Medicare allows. It is set each year by Medicare.

MEDICARE - the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965 as Then Constituted or Later Amended.

MEDICARE BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

MEDICARE ELIGIBLE EXPENSES - expenses of the kinds covered by Medicare Part A and B, to the extent recognized as reasonable and medically necessary by Medicare.

POLICY ANNIVERSARY DATE – the day and month of each year coinciding with the date and month of the year in which Your Policy was issued.

DEFINITIONS, *continued*

PART A DEDUCTIBLE - the initial amount not covered by Medicare during the first sixty (60) days in a benefit period.

PART B DEDUCTIBLE - the initial amount not covered by Medicare for Part B eligible expenses in a Calendar Year.

PHYSICIAN - shall have the same definition as provided in the Medicare program.

POLICY and/or CONTRACT - the policy, any endorsement thereon, and a copy of your original application constitute the entire contract between you and us.

YOU, YOUR, OR YOURS - the person for whom benefits are provided under this policy. This person is named as the Insured on Page 3.

SUSPENSION OF BENEFITS AND PREMIUM

1. The benefits and premiums under the policy shall be suspended at the request of the policyholder for the period (not to exceed 24 months) in which the policyholder has applied for and is determined to be entitled to Medical Assistance under Title XIX of the Social Security Act (42 U.S.C.A. §§ 1396--1396u), but only if the policyholder notifies the issuer of the policy within 90 days after the date the individual becomes entitled to this assistance.
2. If a suspension occurs and if the policyholder loses entitlement to Medical Assistance, the policy shall be automatically reinstituted (effective as of the date of termination of the entitlement) as of the termination of the entitlement if the policyholder provides notice of loss of the entitlement within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of the entitlement.
3. The benefits and premiums under the policy shall be suspended at the request of the policyholder if the policyholder is entitled to benefits under section 226(b) of the Social Security Act (42 U.S.C.A. § 426(b)) and is covered under a group health plan (as defined in section 1862 (b)(1)(A)(v) of the Social Security Act (42 U.S.C.A. § 1395y(b)(1)(A)(v)). If suspension occurs and if the policyholder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.
4. Reinstitution of these coverages as described in clauses 2 and 3:
   A. May not provide for a waiting period with respect to treatment of preexisting conditions.
   B. Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of the suspension. If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstitution of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension.
   C. Shall provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder if the coverage had not been suspended.

GENERAL PROVISIONS

ENTIRE CONTRACT: CHANGES - This Policy, the applications and any endorsements or papers is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our executive officers. This approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions. Any rider, endorsement or application which modifies, limits or excludes coverage under this Policy must be accepted by You in writing to be effective (unless required by state or federal law). No statement shall be used in defense of a claim under the Policy unless it is contained in a written application that is endorsed upon or attached to the policy when issued or delivered. All statements made by the Insured shall, in the absence of fraud, be deemed representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES – (a) No misstatements made by You in the application for this Policy, attached hereto, shall be used to void this Policy or to deny a claim for loss or disability incurred after two (2) years from the Effective Date of this Policy; and (b) no claim for loss incurred commencing after the Effective Date of this Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of this Policy.

GRACE PERIOD - This Policy has a thirty-one (31)-day grace period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the grace period this Policy will stay in force. Your premium payment must be received in Our home office within the thirty-one (31)-day period. This thirty-one (31)-day Grace Period does not apply to the first premium payment. The first premium payment must be paid when your policy is delivered.

REINSTATEMENT - If the renewal premium is not paid before the grace period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for the reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approved date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval. The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIMS - Written notice of claim must be given within twenty (20) days after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at 4370 Peachtree Road NE, Atlanta, GA 30319, or to any one of Our authorized agents. The notice should include Your name and the number of the Policy.

CLAIM FORMS - When We receive notice of claim, We will send You forms for filing proof of loss, if these forms are not given to You within ten (10) days, You can meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS - Written proof of loss must be given to Us within ninety (90) days after We send You the claim forms. If it was not reasonably possible for You to give Us proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this policy will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIM - All benefits will be paid to you, or your assignee. Any benefits unpaid at your death may be paid to your estate. If benefits are payable to your estate, we may pay up to $1,000 to any relative of yours who we find is entitled to them. Any payment made in good faith will fully discharge us to the extent of the payment. We may pay all or a portion of any indemnities provided for health care services to the provider, unless you direct us otherwise in writing by the time proofs of loss are filed. We cannot require that the services be rendered by a particular provider.

PHYSICAL EXAMINATION AND AUTOPSY - We, at our own expense, have the right to have you examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

NOTICE; WAIVER - Furnishing forms for filing Proof Of Loss, receipt of Notice Of Claim or investigation of any claim shall not waive any of Our rights in defense of any such claim.

LEGAL ACTION - No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

EXTENSION OF BENEFITS - Termination of this policy shall be without prejudice to any continuous loss which commenced while this policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Any premium due and unpaid shall be deducted from the claim payment.

ADDITIONAL PROVISIONS

MISSTATEMENT OF AGE - If your age has been misstated, all amounts payable under this policy shall be such as the premium would have purchased at the correct age.

CONFORMITY WITH STATE STATUTES - Any provision of this policy which, on its effective date, is in conflict with the laws of the State in which it was delivered on that date is amended to conform to the minimum requirements of such laws.

UNPAID PREMIUM - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

PREMIUM PAYMENT - Renewal premiums are payable to us. The payment of any premium shall not continue this policy in force beyond the next premium due date, except as provided in the Grace Period provision.

PREMIUM REFUND AT DEATH - We will refund that part of any premium paid which covers a period beyond the date of Your death.

ASSIGNMENT - No Assignment of interest in this Policy will be binding on Us unless it is received by Us in Our home office. We are not responsible for the validity of any Assignment.

PARTICIPATION – This Policy is non-participating, it does not participate in Our profits or surplus earnings.

OTHER INSURANCE WITH US - You may have only one (1) Medicare Supplement policy with us. If, through an error, we issue more than one (1) policy, you may select which policy will remain in force. We will refund the money you paid on any other policy, minus any claims paid.

BENEFITS - PLAN F WITH HIGH DEDUCTIBLE

The following benefits are not payable until the Annual Deductible has been satisfied.

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;
3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept the issuer's payment as payment in full and may not bill the Insured for any balance;
4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations; and
5. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible;
6. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses;
7. Coverage for one hundred percent (100%) of the Medicare Part A inpatient hospital deductible amount per benefit period;
8. Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A;
9. Coverage for one hundred percent (100%) of the Medicare Part B deductible amount per calendar year regardless of hospital confinement;
10. Coverage for all of the difference between the actual Medicare Part B charges as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge;
11. Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a calendar year deductible of $250 and a lifetime maximum benefit of $50,000. For purposes of the this benefit, “emergency care” shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

Benefits designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment or coinsurance amount.

THE POLICY PAGE 8 IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

THE BACK COVER OF THE POLICY IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY
PLAN F WITH HIGH DEDUCTIBLE

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN G

Bankers Fidelity Life Insurance Company (hereinafter referred to as "We", "Our", "Us" or the "Company) promises to insure You for the benefits described in this Policy. We make this promise in consideration of the application for this Policy and the payment of the premium.

GUARANTEED RENEWABLE - This Policy is guaranteed renewable for life. We guarantee to renew this Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We cannot cancel this Policy, except for non-payment of premium or as provided under the Time Limit on Certain Defenses provision shown on Page 6.

PREMIUM SUBJECT TO CHANGE – The renewal premium for this Policy is based upon your attained age and will increase on the first premium due date occurring on or after the Policy Anniversary Date each year until You reach age 91.

We may also change the premium rates for reasons other than attained age. We may change the rate if we change the rates for all policies with the same form number, issue state, geographical area, age and benefits as yours. A minimum of thirty (30) days advance written notice will be given before any change in Your renewal premium. Your rate may also change if You move from one geographical area to another. A change will apply on the next premium due date occurring after We notify You. Your renewal premium will be computed by Your attained age at the time the change is effective. We will not change Your rates because of a change in Your physical condition or on account of any claims paid.

30-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY - It is important to Us that You are satisfied with this Policy and that it meets Your insurance needs. If You are not satisfied You may return it within thirty (30) days of receipt. Return it to Us or to Your agent and You will receive a full refund of any premiums You have paid. This Policy will then be void from its beginning.

READ YOUR POLICY CAREFULLY!

IMPORTANT NOTICE GIVEN PURSUANT TO LAW: Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company within ten (10) days if any information shown on it is not correct and complete or if any past medical history has been left out of the application. The application is part of this Policy, which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. No agent has the authority to change this Policy or waive any of its provisions.

"Notice to buyer: This policy may not fully cover all of your medical costs."

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.

President

INDEX

This policy is a legal contract between you and us.
READ YOUR POLICY CAREFULLY!

Additional benefits or restrictions, if any, follow Page 9.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P.O. Box 105185, Atlanta, Georgia 30348-5185

For inquiries or to make a complaint, please contact the Policyholder Service Department at:
Direct (404) 266-5730; Toll-free (866) 458-7500; email bfphs@atlam.com

POLICY SPECIFICATIONS PAGE
Medicare Supplement Insurance Policy – Plan G

Policy Form B 21092 G

Covered Person

Name:	Issue Age:	Sex:	Effective Date:
[JOHN D DOE]	[65]	[M]	[06-01-2010]

Premiums

Initial Premium:	$[0,000.00]			
Renewal Premium*:	Annual:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[0,000.00]	$[000.00]	$[000.00]	$[00.00]

*The Renewal Premium is subject to change as stated on the front of this Policy.

Policy Identification

Policy Number: 005-[2100600001]

Issue State: [ST]

Issue Zip Code: [123]

Optional Rider (if any): [HOUSEHOLD PREMIUM DISCOUNT]

THE POLICY SPECIFICATIONS PAGE IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

DEFINITIONS

When we use the following words this is what we mean:

BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

CALENDAR YEAR - a period of one (1) year which starts on January 1 and ends on December 31.

COINSURANCE AMOUNTS - the portion of Medicare-approved expense You are obligated to pay, excluding the Medicare deductibles.

CONFINED OR CONFINEMENT - assigned to a bed in a hospital on the advice of a physician. A charge for room and board must be made.

COVERED INJURY - accidental bodily injury sustained by the insured which is the direct result of an accident, independent of any disease, bodily infirmity or any other cause and occurs while this Policy is in force. Covered Injuries do not include injuries for which benefits are provided or are available under any workers' compensation, employer's liability or similar law, or motor vehicle no fault plan, unless prohibited by law.

COVERED SICKNESS - illness or disease of the insured which manifests itself after the effective date of the policy and while this Policy is in force. Covered Sicknesses do not include sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar law.

EFFECTIVE DATE - The original date Your coverage begins as shown on Page 3. It starts at 12:01 a.m., Standard Time, at your residence. It ends at 12:01 a.m., Standard Time, on the date any premium is due. Each renewal premium is due at the end of the term for which a premium has been paid.

HOSPITAL - shall have the same definition as provided in the Medicare program.

INSURED - the person for whom benefits are provided under this policy. This person is named on Page 3.

LIFETIME RESERVE CO PAYMENT AMOUNT - the fixed amount per day Medicare does not pay during the sixty (60) lifetime reserve days Medicare allows. It is set each year by Medicare.

MEDICARE - the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965 as Then Constituted or Later Amended.

MEDICARE BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

MEDICARE ELIGIBLE EXPENSES - expenses of the kinds covered by Medicare Part A and B, to the extent recognized as reasonable and medically necessary by Medicare.

POLICY ANNIVERSARY DATE – the day and month of each year coinciding with the date and month of the year in which Your Policy was issued.

DEFINITIONS, *continued*

PART A DEDUCTIBLE - the initial amount not covered by Medicare during the first sixty (60) days in a benefit period.

PART B DEDUCTIBLE - the initial amount not covered by Medicare for Part B eligible expenses in a Calendar Year.

PHYSICIAN - shall have the same definition as provided in the Medicare program.

POLICY and/or CONTRACT - the policy, any endorsement thereon, and a copy of your original application constitute the entire contract between you and us.

YOU, YOUR, OR YOURS - the person for whom benefits are provided under this policy. This person is named as the Insured on Page 3.

SUSPENSION OF BENEFITS AND PREMIUM

1. The benefits and premiums under the policy shall be suspended at the request of the policyholder for the period (not to exceed 24 months) in which the policyholder has applied for and is determined to be entitled to Medical Assistance under Title XIX of the Social Security Act (42 U.S.C.A. §§ 1396--1396u), but only if the policyholder notifies the issuer of the policy within 90 days after the date the individual becomes entitled to this assistance.
2. If a suspension occurs and if the policyholder loses entitlement to Medical Assistance, the policy shall be automatically reinstituted (effective as of the date of termination of the entitlement) as of the termination of the entitlement if the policyholder provides notice of loss of the entitlement within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of the entitlement.
3. The benefits and premiums under the policy shall be suspended at the request of the policyholder if the policyholder is entitled to benefits under section 226(b) of the Social Security Act (42 U.S.C.A. § 426(b)) and is covered under a group health plan (as defined in section 1862 (b)(1)(A)(v) of the Social Security Act (42 U.S.C.A. § 1395y(b)(1)(A)(v)). If suspension occurs and if the policyholder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.
4. Reinstitution of these coverages as described in clauses 2 and 3:
   A. May not provide for a waiting period with respect to treatment of preexisting conditions.
   B. Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of the suspension. If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstitution of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension.
   C. Shall provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder if the coverage had not been suspended.

GENERAL PROVISIONS

ENTIRE CONTRACT: CHANGES - This Policy, the applications and any endorsements or papers is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our executive officers. This approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions. Any rider, endorsement or application which modifies, limits or excludes coverage under this Policy must be accepted by You in writing to be effective (unless required by state or federal law). No statement shall be used in defense of a claim under the Policy unless it is contained in a written application that is endorsed upon or attached to the policy when issued or delivered. All statements made by the Insured shall, in the absence of fraud, be deemed representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES – (a) No misstatements made by You in the application for this Policy, attached hereto, shall be used to void this Policy or to deny a claim for loss or disability incurred after two (2) years from the Effective Date of this Policy; and (b) no claim for loss incurred commencing after the Effective Date of this Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of this Policy.

GRACE PERIOD - This Policy has a thirty-one (31)-day grace period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the grace period this Policy will stay in force. Your premium payment must be received in Our home office within the thirty-one (31)-day period. This thirty-one (31)-day Grace Period does not apply to the first premium payment. The first premium payment must be paid when your policy is delivered.

REINSTATEMENT - If the renewal premium is not paid before the grace period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for the reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approved date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval. The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIMS - Written notice of claim must be given within twenty (20) days after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at 4370 Peachtree Road NE, Atlanta, GA 30319, or to any one of Our authorized agents. The notice should include Your name and the number of the Policy.

CLAIM FORMS - When We receive notice of claim, We will send You forms for filing proof of loss, if these forms are not given to You within ten (10) days, You can meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS - Written proof of loss must be given to Us within ninety (90) days after We send You the claim forms. If it was not reasonably possible for You to give Us proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this policy will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIM - All benefits will be paid to you, or your assignee. Any benefits unpaid at your death may be paid to your estate. If benefits are payable to your estate, we may pay up to $1,000 to any relative of yours who we find is entitled to them. Any payment made in good faith will fully discharge us to the extent of the payment. We may pay all or a portion of any indemnities provided for health care services to the provider, unless you direct us otherwise in writing by the time proofs of loss are filed. We cannot require that the services be rendered by a particular provider.

PHYSICAL EXAMINATION AND AUTOPSY - We, at our own expense, have the right to have you examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

NOTICE; WAIVER - Furnishing forms for filing Proof Of Loss, receipt of Notice Of Claim or investigation of any claim shall not waive any of Our rights in defense of any such claim.

LEGAL ACTION - No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

EXTENSION OF BENEFITS - Termination of this policy shall be without prejudice to any continuous loss which commenced while this policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Any premium due and unpaid shall be deducted from the claim payment.

ADDITIONAL PROVISIONS

MISSTATEMENT OF AGE - If your age has been misstated, all amounts payable under this policy shall be such as the premium would have purchased at the correct age.

CONFORMITY WITH STATE STATUTES - Any provision of this policy which, on its effective date, is in conflict with the laws of the State in which it was delivered on that date is amended to conform to the minimum requirements of such laws.

UNPAID PREMIUM - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

PREMIUM PAYMENT - Renewal premiums are payable to us. The payment of any premium shall not continue this policy in force beyond the next premium due date, except as provided in the Grace Period provision.

PREMIUM REFUND AT DEATH - We will refund that part of any premium paid which covers a period beyond the date of Your death.

ASSIGNMENT - No Assignment of interest in this Policy will be binding on Us unless it is received by Us in Our home office. We are not responsible for the validity of any Assignment.

PARTICIPATION – This Policy is non-participating, it does not participate in Our profits or surplus earnings.

OTHER INSURANCE WITH US - You may have only one (1) Medicare Supplement policy with us. If, through an error, we issue more than one (1) policy, you may select which policy will remain in force. We will refund the money you paid on any other policy, minus any claims paid.

BENEFITS - PLAN G

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;
3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept the issuer's payment as payment in full and may not bill the Insured for any balance;
4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations; and
5. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible;
6. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses;
7. Coverage for one hundred percent (100%) of the Medicare Part A inpatient hospital deductible amount per benefit period;
8. Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A;
9. Coverage for all of the difference between the actual Medicare Part B charges as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge;
10. Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a calendar year deductible of $250 and a lifetime maximum benefit of $50,000. For purposes of the this benefit, “emergency care” shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

Benefits designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment or coinsurance amount.

THE POLICY PAGE 8 IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

THE BACK COVER OF THE POLICY IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN G

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN K

Bankers Fidelity Life Insurance Company (hereinafter referred to as "We", "Our", "Us" or the "Company) promises to insure You for the benefits described in this Policy. We make this promise in consideration of the application for this Policy and the payment of the premium.

GUARANTEED RENEWABLE - This Policy is guaranteed renewable for life. We guarantee to renew this Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We cannot cancel this Policy, except for non-payment of premium or as provided under the Time Limit on Certain Defenses provision shown on Page 6.

PREMIUM SUBJECT TO CHANGE – The renewal premium for this Policy is based upon your attained age and will increase on the first premium due date occurring on or after the Policy Anniversary Date each year until You reach age 91.

We may also change the premium rates for reasons other than attained age. We may change the rate if we change the rates for all policies with the same form number, issue state, geographical area, age and benefits as yours. A minimum of thirty (30) days advance written notice will be given before any change in Your renewal premium. Your rate may also change if You move from one geographical area to another. A change will apply on the next premium due date occurring after We notify You. Your renewal premium will be computed by Your attained age at the time the change is effective. We will not change Your rates because of a change in Your physical condition or on account of any claims paid.

30-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY - It is important to Us that You are satisfied with this Policy and that it meets Your insurance needs. If You are not satisfied You may return it within thirty (30) days of receipt. Return it to Us or to Your agent and You will receive a full refund of any premiums You have paid. This Policy will then be void from its beginning.

READ YOUR POLICY CAREFULLY!

NOTICE: THIS POLICY CONTAINS AN OUT-OF-POCKET LIMITATION WHICH MUST BE MET BEFORE BENEFITS ARE FULLY PAYABLE. REFER TO PAGE 8 FOR INFORMATION AND AN EXPLANATION OF HOW THIS LIMITATION AFFECTS BENEFITS.

IMPORTANT NOTICE GIVEN PURSUANT TO LAW: Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to the Company within ten (10) days if any information shown on it is not correct and complete or if any past medical history has been left out of the application. The application is part of this Policy, which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. No agent has the authority to change this Policy or waive any of its provisions.

"Notice to buyer: This policy may not fully cover all of your medical costs."

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.

President

INDEX

This policy is a legal contract between you and us.
READ YOUR POLICY CAREFULLY!

Additional benefits or restrictions, if any, follow Page 9.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., P.O. Box 105185, Atlanta, Georgia 30348-5185

For inquiries or to make a complaint, please contact the Policyholder Service Department at:
Direct (404) 266-5730; Toll-free (866) 458-7500; email bfphs@atlam.com

POLICY SPECIFICATIONS PAGE
Medicare Supplement Insurance Policy – Plan K

Policy Form B 21092 K

Covered Person

Name:	Issue Age:	Sex:	Effective Date:
[JOHN D DOE]	[65]	[M]	[06-01-2010]

Premiums

Initial Premium:	$[0,000.00]			
Renewal Premium*:	Annual:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[0,000.00]	$[000.00]	$[000.00]	$[00.00]

*The Renewal Premium is subject to change as stated on the front of this Policy.

Policy Identification

Policy Number: 005-[2100600001]

Issue State: [ST]

Issue Zip Code: [123]

Optional Rider (if any): [HOUSEHOLD PREMIUM DISCOUNT]

THE POLICY SPECIFICATIONS PAGE IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

DEFINITIONS

When we use the following words this is what we mean:

BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

CALENDAR YEAR - a period of one (1) year which starts on January 1 and ends on December 31.

COINSURANCE AMOUNTS - the portion of Medicare-approved expense You are obligated to pay, excluding the Medicare deductibles.

CONFINED OR CONFINEMENT - assigned to a bed in a hospital on the advice of a physician. A charge for room and board must be made.

COVERED INJURY - accidental bodily injury sustained by the insured which is the direct result of an accident, independent of any disease, bodily infirmity or any other cause and occurs while this Policy is in force. Covered Injuries do not include injuries for which benefits are provided or are available under any workers' compensation, employer's liability or similar law, or motor vehicle no fault plan, unless prohibited by law.

COVERED SICKNESS - illness or disease of the insured which manifests itself after the effective date of the policy and while this Policy is in force. Covered Sicknesses do not include sicknesses or diseases for which benefits are provided under any workers' compensation, occupational disease, employer's liability or similar law.

EFFECTIVE DATE - The original date Your coverage begins as shown on Page 3. It starts at 12:01 a.m., Standard Time, at your residence. It ends at 12:01 a.m., Standard Time, on the date any premium is due. Each renewal premium is due at the end of the term for which a premium has been paid.

HOSPITAL - shall have the same definition as provided in the Medicare program.

INSURED - the person for whom benefits are provided under this policy. This person is named on Page 3.

LIFETIME RESERVE CO PAYMENT AMOUNT - the fixed amount per day Medicare does not pay during the sixty (60) lifetime reserve days Medicare allows. It is set each year by Medicare.

MEDICARE - the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendment of 1965 as Then Constituted or Later Amended.

MEDICARE BENEFIT PERIOD - shall have the same definition as provided in the Medicare program.

MEDICARE ELIGIBLE EXPENSES - expenses of the kinds covered by Medicare Part A and B, to the extent recognized as reasonable and medically necessary by Medicare.

POLICY ANNIVERSARY DATE – the day and month of each year coinciding with the date and month of the year in which Your Policy was issued.

DEFINITIONS, *continued*

PART A DEDUCTIBLE - the initial amount not covered by Medicare during the first sixty (60) days in a benefit period.

PART B DEDUCTIBLE - the initial amount not covered by Medicare for Part B eligible expenses in a Calendar Year.

PHYSICIAN - shall have the same definition as provided in the Medicare program.

POLICY and/or CONTRACT - the policy, any endorsement thereon, and a copy of your original application constitute the entire contract between you and us.

YOU, YOUR, OR YOURS - the person for whom benefits are provided under this policy. This person is named as the Insured on Page 3.

SUSPENSION OF BENEFITS AND PREMIUM

1. The benefits and premiums under the policy shall be suspended at the request of the policyholder for the period (not to exceed 24 months) in which the policyholder has applied for and is determined to be entitled to Medical Assistance under Title XIX of the Social Security Act (42 U.S.C.A. §§ 1396--1396u), but only if the policyholder notifies the issuer of the policy within 90 days after the date the individual becomes entitled to this assistance.
2. If a suspension occurs and if the policyholder loses entitlement to Medical Assistance, the policy shall be automatically reinstituted (effective as of the date of termination of the entitlement) as of the termination of the entitlement if the policyholder provides notice of loss of the entitlement within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of the entitlement.
3. The benefits and premiums under the policy shall be suspended at the request of the policyholder if the policyholder is entitled to benefits under section 226(b) of the Social Security Act (42 U.S.C.A. § 426(b)) and is covered under a group health plan (as defined in section 1862 (b)(1)(A)(v) of the Social Security Act (42 U.S.C.A. § 1395y(b)(1)(A)(v)). If suspension occurs and if the policyholder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.
4. Reinstitution of these coverages as described in clauses 2 and 3:
   A. May not provide for a waiting period with respect to treatment of preexisting conditions.
   B. Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of the suspension. If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstitution of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension.
   C. Shall provide for classification of premiums on terms at least as favorable to the policyholder as the premium classification terms that would have applied to the policyholder if the coverage had not been suspended.

GENERAL PROVISIONS

ENTIRE CONTRACT: CHANGES - This Policy, the applications and any endorsements or papers is the entire contract between You and Us. No change in this Policy will be effective until it is approved by one of Our executive officers. This approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions. Any rider, endorsement or application which modifies, limits or excludes coverage under this Policy must be accepted by You in writing to be effective (unless required by state or federal law). No statement shall be used in defense of a claim under the Policy unless it is contained in a written application that is endorsed upon or attached to the policy when issued or delivered. All statements made by the Insured shall, in the absence of fraud, be deemed representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES – (a) No misstatements made by You in the application for this Policy, attached hereto, shall be used to void this Policy or to deny a claim for loss or disability incurred after two (2) years from the Effective Date of this Policy; and (b) no claim for loss incurred commencing after the Effective Date of this Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Effective Date of this Policy.

GRACE PERIOD - This Policy has a thirty-one (31)-day grace period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty-one (31) days. During the grace period this Policy will stay in force. Your premium payment must be received in Our home office within the thirty-one (31)-day period. This thirty-one (31)-day Grace Period does not apply to the first premium payment. The first premium payment must be paid when your policy is delivered.

REINSTATEMENT - If the renewal premium is not paid before the grace period ends, this Policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for the reinstatement will reinstate this Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approved date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval. The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than ten (10) days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

NOTICE OF CLAIMS - Written notice of claim must be given within twenty (20) days after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at 4370 Peachtree Road NE, Atlanta, GA 30319, or to any one of Our authorized agents. The notice should include Your name and the number of the Policy.

CLAIM FORMS - When We receive notice of claim, We will send You forms for filing proof of loss, if these forms are not given to You within ten (10) days, You can meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS - Written proof of loss must be given to Us within ninety (90) days after We send You the claim forms. If it was not reasonably possible for You to give Us proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one year from the time specified unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this policy will be paid as soon as we receive proper written proof of loss.

PAYMENT OF CLAIM - All benefits will be paid to you, or your assignee. Any benefits unpaid at your death may be paid to your estate. If benefits are payable to your estate, we may pay up to $1,000 to any relative of yours who we find is entitled to them. Any payment made in good faith will fully discharge us to the extent of the payment. We may pay all or a portion of any indemnities provided for health care services to the provider, unless you direct us otherwise in writing by the time proofs of loss are filed. We cannot require that the services be rendered by a particular provider.

PHYSICAL EXAMINATION AND AUTOPSY - We, at our own expense, have the right to have you examined as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

NOTICE; WAIVER - Furnishing forms for filing Proof Of Loss, receipt of Notice Of Claim or investigation of any claim shall not waive any of Our rights in defense of any such claim.

LEGAL ACTION - No legal action may be brought to recover on this policy within sixty (60) days after written proof of loss has been given as required by this policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

EXTENSION OF BENEFITS - Termination of this policy shall be without prejudice to any continuous loss which commenced while this policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Any premium due and unpaid shall be deducted from the claim payment.

ADDITIONAL PROVISIONS

MISSTATEMENT OF AGE - If your age has been misstated, all amounts payable under this policy shall be such as the premium would have purchased at the correct age.

CONFORMITY WITH STATE STATUTES - Any provision of this policy which, on its effective date, is in conflict with the laws of the State in which it was delivered on that date is amended to conform to the minimum requirements of such laws.

UNPAID PREMIUM - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

PREMIUM PAYMENT - Renewal premiums are payable to us. The payment of any premium shall not continue this policy in force beyond the next premium due date, except as provided in the Grace Period provision.

PREMIUM REFUND AT DEATH - We will refund that part of any premium paid which covers a period beyond the date of Your death.

ASSIGNMENT - No Assignment of interest in this Policy will be binding on Us unless it is received by Us in Our home office. We are not responsible for the validity of any Assignment.

PARTICIPATION – This Policy is non-participating, it does not participate in Our profits or surplus earnings.

OTHER INSURANCE WITH US - You may have only one (1) Medicare Supplement policy with us. If, through an error, we issue more than one (1) policy, you may select which policy will remain in force. We will refund the money you paid on any other policy, minus any claims paid.

BENEFITS - PLAN K

1. Coverage of one hundred percent (100%) of the Part A hospital coinsurance amount for each day used from the 61st day through the 90th day in any Medicare benefit period;
2. Coverage of one hundred percent (100%) of the Part A hospital coinsurance amount for each Medicare lifetime inpatient reserve day used from the 91st through the 150th day in any Medicare benefit period;
3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept the issuer's payment as payment in full and may not bill the Insured for any balance;
4. Coverage for fifty percent (50%) of the Medicare Part A inpatient hospital deductible amount per benefit period;
5. Coverage for fifty percent (50%) of the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A until the out-of-pocket limitation is met as described in item number 11 on this page;
6. Coverage for fifty percent (50%) of cost sharing for all Part A Medicare eligible hospice care and respite care expenses until the out-of-pocket limitation is met as described in item number 11 on this page;
7. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations;
8. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible;
9. Except for coverage provided in item number 10 on this page, coverage for fifty percent (50%) of the cost sharing otherwise applicable under Medicare Part B after the Insured pays the Part B deductible until the out-of-pocket limitation is met as described in item number 11 on this page;
10. Coverage for one hundred percent (100%) of the cost sharing for Medicare Part B preventive services after the Insured pays the Part B deductible; and
11. Cost Sharing After Out-of-Pocket Limits: Coverage of one hundred percent (100%) of all cost sharing under Medicare Parts A and B for the balance of the calendar year after the individual has reached the out-of-pocket limitation on annual expenditures under Medicare Parts A and B of $4,000 in 2006, indexed each year by the appropriate inflation adjustment specified by the Secretary of the U.S. Department of Health and Human Services.

Benefits designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, co-payment or coinsurance amount.

THE POLICY PAGE 8 IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

THE BACK COVER OF THE POLICY IS ON THE REVERSE OF THIS PAGE.

THIS PAGE LEFT INTENTIONALLY BLANK.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

MEDICARE SUPPLEMENT INSURANCE POLICY - PLAN K

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, NE, P.O. Box 105185, Atlanta, GA 30348-5185

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates On or After 06-01-2010

This chart shows the benefits included in each of the standard Medicare Supplement Plans. Every company must make available Plan "A". Some plans may not be available in your state. [Plans E, H, I, and J are no longer available for sale.]

BASIC BENEFITS:

- **Hospitalization -** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses -** Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood -** First three (3) pints of blood each year.
- **Hospice -** Part A coinsurance.

† **Bankers Fidelity Life Insurance Company** does not currently offer the plans marked below.

PLANS									
A	**B†**	**C†**	**D†**	**F / F***	**G**	**K**	**L†**	**M†**	**N†**
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%, other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%, other basic benefits paid at 50%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to $20 copayment for office visit, and up to $50 copayment for ER
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Co-insurance	75% Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit $[4,620] paid at 100% after limit reached	Out-of-pocket limit $[2,310] paid at 100% after limit reached		

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as standard Plan F after one has paid a calendar year $[2,000] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses are $[2,000]. Out-of-pocket expenses for this deductible are expenses that would normally be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, NE, P.O. Box 105185, Atlanta, GA 30348-5185

Medicare Supplement - Policy Form B 21092

ARKANSAS - MONTHLY BANK DRAFT RATES

Rates Effective 06-01-2010

PREFERRED NON-TOBACCO

ISSUE AGE	ISSUE AGE RATES						ATTAINED AGE RATES			
	Area 1 = All Other Zip Codes			Area 2 = Zip Codes 720-722			Area 1 = All Other Zip Codes		Area 2 = Zip Codes 720-722	
	A	F	F2 (High Deductible)	A	F	F2 (High Deductible)	G	K	G	K
0-65	100.00	138.00	48.00	112.00	154.00	54.00	117.00	69.00	131.00	77.00

STANDARD

ISSUE AGE	ISSUE AGE RATES						ATTAINED AGE RATES			
	Area 1 = All Other Zip Codes			Area 2 = Zip Codes 720-722			Area 1 = All Other Zip Codes		Area 2 = Zip Codes 720-722	
	A	F	F2 (High Deductible)	A	F	F2 (High Deductible)	G	K	G	K
0-65	120.00	166.00	58.00	134.00	185.00	65.00	140.00	83.00	157.00	92.00

Other Premium Modes: Multiply the Monthly Bank Draft premiums by the following: Annual = 12; Semi-Annual = 6; Quarterly = 3
Monthly Credit Card Premiums are the same as Monthly Bank Draft.
Monthly Direct Bill: Add $2.00 monthly service fee to Monthly Bank Draft Premium.

5% Household Discount may be available; refer to application for qualifications.

Bankers Fidelity Life Insurance Company

4370 Peachtree Road, NE, P.O. Box 105185, Atlanta, GA 30348-5185

PREMIUM INFORMATION

We, Bankers Fidelity Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in the same state where your policy was issued.

Household Premium Discount: You will be eligible for the Household Premium Discount if you lived in the same residence as at least one other Medicare eligible adult or were married to a Medicare-eligible adult and that other adult owns or is issued a Medicare Supplement policy underwritten by Bankers Fidelity Life Insurance Company. The discounted premium will be 5% lower than the rates illustrated. Your Household Premium Discount will be removed if your spouse or the other Medicare Supplement policyholder terminates their policy with Bankers Fidelity Life Insurance Company or that person no longer lives in the same residence as you (other than in the case of death).

DISLOSURES

Use this outline to compare benefits and premiums among policies.

[This outline shows benefits and premiums of policies sold for effective dates on or after 06-01-2010. Policies sold for effective dates prior to 06-01-2010 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.]

READ YOUR POLICY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to 4370 Peachtree Road NE, Atlanta, Georgia 30319. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs.

Neither Bankers Fidelity Life Insurance Company nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult Medicare and You for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

PLAN A

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$[0]	$[1,100] (Part A deductible)
61st through 90th day	All but $[275] a day	$[275] a day	$[0]
91st day and after			
- While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$[0]
- Once lifetime reserve days are used			
- Additional 365 days	$[0]	100% of Medicare-eligible expenses	$[0]**
- Beyond the additional 365 days	$[0]	$[0]	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$[0]	$[0]
21st through 100th day	All but $[137.50] a day	$[0]	Up to $[137.50] a day
101st day and after	$[0]	$[0]	All costs
BLOOD			
First 3 pints	$[0]	3 pints	$[0]
Additional Amounts	100%	$[0]	$[0]
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$[0]

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed $[155] of Medicare-approved amounts for covered services (which are noted with an asterick), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $[155] of Medicare-approved amounts*	$[0]	$[0]	$[155] (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$[0]
Part B Excess Charges (above Medicare-approved amounts)	$[0]	$[0]	All Costs
BLOOD			
First 3 pints	$[0]	All costs	$[0]
Next $[155] of Medicare-approved amounts*	$[0]	$[0]	$[155] (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$[0]
CLINICAL LABORATORY SERVICES			
- TESTS FOR DIAGNOSTIC SERVICES	100%	$[0]	$[0]

PARTS A & B

HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	$[0]	$[0]
- Durable medical equipment	$[0]	$[0]	$[155] (Part B deductible)
First $[155] of Medicare-approved amounts*			
Remainder of Medicare-approved amounts	80%	20%	$[0]

PLAN F or HIGH DEDUCTIBLE PLAN F

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $[2,000] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY $[2,000] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $[2,000] DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$[1,100] (Part A deductible)	$[0]
61st through 90th day	All but $[275] a day	$[275] a day	$[0]
91st day and after			
- While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$[0]
- Once lifetime reserve days are used			
- Additional 365 days	$[0]	100% of Medicare-eligible expenses	$[0]**
- Beyond the additional 365 days	$[0]	$[0]	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$[0]	$[0]
21st through 100th day	All but $[137.50] a day	Up to $[137.50] a day	$[0]
101st day and after	$[0]	$[0]	All costs
BLOOD			
First 3 pints	$[0]	3 pints	$[0]
Additional Amounts	100%	$[0]	$[0]
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$[0]

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F or HIGH DEDUCTIBLE PLAN F

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed $[155] of Medicare-approved amounts for covered services (which are noted with an asterick), your Part B deductible will have been met for the calendar year.

**This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $[2,000] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $[2,000]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY $[2,000] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $[2,000] DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $[155] of Medicare-approved amounts*	$[0]	$[155] (Part B deductible)	$[0]
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$[0]
Part B Excess Charges (above Medicare-approved amounts)	$[0]	$[0]	All Costs
BLOOD			
First 3 pints	$[0]	All costs	$[0]
Next $[155] of Medicare-approved amounts*	$[0]	$[155] (Part B deductible)	$[0]
Remainder of Medicare-approved amounts	80%	20%	$[0]
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	$[0]	$[0]

PLAN F or HIGH DEDUCTIBLE PLAN F

SERVICES	MEDICARE PAYS	AFTER YOU PAY $[2,000] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $[2,000] DEDUCTIBLE,** YOU PAY
PARTS A & B			
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	$[0]	$[0]
- Durable medical equipment	$[0]	$[155] (Part B deductible)	$[0]
First $[155] of Medicare-approved amounts*			
Remainder of Medicare-approved amounts	80%	20%	$[0]
OTHER BENEFITS - NOT COVERED BY MEDICARE			
FOREIGN TRAVEL			
NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$[0]	$[0]	$250
Remainder of Charges	$[0]	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

PLAN G

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$[1,100] (Part A deductible)	$[0]
61st through 90th day	All but $[275] a day	$[275] a day	$[0]
91st day and after			
- While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$[0]
- Once lifetime reserve days are used			
- Additional 365 days	$[0]	100% of Medicare-eligible expenses	$[0]**
- Beyond the additional 365 days	$[0]	$[0]	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$[0]	$[0]
21st through 100th day	All but $[137.50] a day	Up to $[137.50] a day	$[0]
101st day and after	$[0]	$[0]	All costs
BLOOD			
First 3 pints	$[0]	3 pints	$[0]
Additional Amounts	100%	$[0]	$[0]
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$[0]

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed $[155] of Medicare-approved amounts for covered services (which are noted with an asterick), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $[155] of Medicare-approved amounts*	$[0]	$[0]	$[155] (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$[0]
Part B Excess Charges (above Medicare-approved amounts)	$[0]	$[0]	All Costs
BLOOD			
First 3 pints	$[0]	All costs	$[0]
Next $[155] of Medicare-approved amounts*	$[0]	$[0]	$[155] (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$[0]
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	$[0]	$[0]

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	$[0]	$[0]
- Durable medical equipment	$[0]	$[0]	$[155] (Part B deductible)
First $[155] of Medicare-approved amounts*			
Remainder of Medicare-approved amounts	80%	20%	$[0]

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$[0]	$[0]	$250
Remainder of Charges	$[0]	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

PLAN K

*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $[4,620] each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the charts below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $[1,100]	$[550] (50% of Part A deductible)	$[550] (50% of Part A deductible)♦
61st through 90th day	All but $[275] a day	$[275] a day	$[0]
91st day and after			
- While using 60 lifetime reserve days	All but $[550] a day	$[550] a day	$[0]
- Once lifetime reserve days are used	$[0]	100% of Medicare-eligible expenses	$[0]**
- Additional 365 days			
- Beyond the additional 365 days	$[0]	$[0]	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$[0]	$[0]
21st through 100th day	All but $[137.50] a day	Up to $[68.75] a day	$Up to $[68.75] a day♦
101st day and after	$[0]	$[0]	All costs
BLOOD			
First 3 pints	$[0]	50%	50%♦
Additional Amounts	100%	$[0]	$[0]
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	50% of Medicare copayment/ coinsurance	50% of Medicare copayment/ coinsurance♦

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN K

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

****Once you have been billed $[155] of Medicare-approved amounts for covered services (which are noted with an asterick), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $[155] of Medicare-approved amounts****	$[0]	$[0]	$[155] (Part B deductible)****♦
Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare approved amounts	Remainder of Medicare approved amounts	All costs above Medicare approved amounts
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%♦
Part B Excess Charges (above Medicare-approved amounts)	$[0]	$[0]	All costs (and they do not count toward annual out-of-pocket limit of $[4,620]*
BLOOD			
First 3 pints	$[0]	50%	50%♦
Next $[155] of Medicare-approved amounts***	$[0]	$[0]	$[155] (Part B deductible)****♦
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%♦
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	$[0]	$[0]

*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $[4,620] per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	$[0]	$[0]
- Durable medical equipment First $[155] of Medicare-approved amounts*****	$[0]	$[0]	$[155] (Part B deductible)♦
Remainder of Medicare-approved amounts	80%	10%	10%♦

*****Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare.*